## 111000051947

(Re	equestor's Name)		
(Ac	idress)	<del> </del>	
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(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
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(Document Number)			
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B. BOSTICK
OCT 3 0 2012
EXAMINER

## **COVER LETTER**

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Division of Co			•
SUBJECT:	Moreland	d Financial, LLC	
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspo	ondence concerning this matter	r to the following:	
		Nicole C. Smith	
		Name of Person	
	Trax	Capital Management, LLC	
		Firm/Company	<del> </del>
	200 Sout	h Orange Avenue, Suite 2800	
		Address	<del></del>
		Orlando, FL 32801	
		City/State and Zip Code	F10
	F-mail address: (	mith@traxcapital.com to be used for future annual report notificati	
For further information of	concerning this matter, please of		on) AF 00 T
	cole C. Smith		0565 x703
Name o	of Person	Area Code & Daytime Te	lephone Number LON TO THE CO.
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AV CALL II I I I I	Moreland Financial, LLC		
( <u>ryame of the Limite</u>	d Liability Company as it now appea A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited I	iability Company were filed on	May 3, 2011	and assigned
Florida document numberL1100005	<u> </u>		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :	
	Trax Financial, LLC		
The new name must be distinguishable and end w 'L.L.C."	ith the words "Limited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)	1	//·
			i No
		正 (本)	-4
Enter new mailing address, if applicable:		60 S	S Comment
Mailing address MAY BE A POST OFFICE	E BOX)	£163	
		Ë.	-1
			H 60
B. If amending the registered agent and		our records, <u>enter th</u>	ne name of the new
registered agent and/or the new registered of	office address nere:		
Name of New Registered Agent:	Nicole C. Smith		
New Registered Office Address:	200 South Orange Avenue	, Suite 2800	
<u> </u>	<u> </u>	nter Florida street addr	ess
	Orlando	, Florida	32801
	City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Muon C. Smutn
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
		·	Add Remove
			Add Remove
			AddRemove
D. If ame	nding any other information, enter change(	s) here: (Attach additional sheets, if necessary)	20CT 29 PT
-			
Dated	Octobea 24, 2012.	r authorized representative of a member	<del>_</del>
		Mox and printed name of signee	

Page 2 of 2

Filing Fee: \$25.00