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J. STANSIS APR 1 4 2014

COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT

Trax Financial, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alex Michelini

Name of Person

Trax Capital Management

Firm/Company

200 S. Orange Avenue, Suite 2800

Address

Orlando, Florida 32801

City/State and Zip Code

amichelini@traxcapital.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alex Michelini

 $_{at}$ (407) $377-0565 \times 704$

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

Trax Financial, LLC					
(Name of the Limiter	d Liability Compa A Florida Limited I	ny as it now appears on ou Liability Company)	r records.)		
The Articles of Organization for this Limited Lia Florida document number <u>L11000051947</u>	bility Company	were filed on <u>05/03/2</u>	011	and assi	gned
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and end with the w	ords "Limited Liab	ility Company," the designat	ion "LLC" or the abbre	eviation "L.	L.C."
Enter new principal offices address, if applical	ble:	200 SOUTH ORA	NGE AVENUE		
(Principal office address MUST BE A STREET	ADDRESS)	SUITE 2875			
		ORLANDO, FLOR	RIDA 32801		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	ox)	200 SOUTH ORA	NGE AVENUE		
	<u> </u>	ORLANDO, FLOR	RIDA 32801		
B. If amending the registered agent and/or the new registered offi	ce address here	2:	ecords, enter the	name o	<u>f_the_new</u>
Name of New Registered Agent:	MICHAEL	MORELAND		14 / Sec	
New Registered Office Address:	200 SOUTH	ORANGE AVENU		3	- Carriera
	ORLANDO	City	, Florida 3280	j J	Action .
New Registered Agent's Signature, if changing Re		·	LORIO,	38	
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this cl	r and complete pered agent as peregraphical agent as peregraphical agent as peregraphical and an architectural and architectural agents architectur	performance of my dui provided for in Chapter	ies, and I am fami 605, F.S. Qr, if th	liar with his docun	and nent is

Page 1 of 3

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FREDERIC GUITTON	200 SOUTH ORANGE AVENU	JE □ Add
		SUITE 2800	■ Remove
		ORLANDO, FL 32801	
MGR	MICHAEL MORELAND	200 SOUTH ORANGE AVENU	E ■ Add
		SUITE 2875	Remove
		ORLANDO, FL 32801	
			Add
			□ Remove
			 □ Add
			Remove SECRETAPR
		E F LORIDA	Add Remove
			□ Add

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entire data if other than the data of fi	line.	iontional)
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effective date must be specific, cannot be prior to date this document is filed by the Florida Departs	date of receipt or filed date and cannot be more than 90	optional) days after
effective date must be specific, cannot be prior to date this document is filed by the Florida Departs	o date of receipt or filed date and cannot be more than 90 ment of State)	optional) days after
effective date must be specific, cannot be prior to date this document is filed by the Florida Departs	o date of receipt or filed date and cannot be more than 90 ment of State)	optional) days after

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Filing Fee: \$25.00

