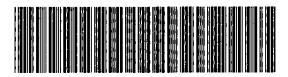
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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: M. G. S. TRADING COMPANY UC Name of Limited Liability Company	
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:	
DOBERT J. CINOTTI Name of Person	
NGS TRADING Company, LLC Firm/Company	
318 Shipwrock AVE N. Address	
PONIE VedRA 71 32081 City/State and Zip Code	ALLAR
E-mail address: (to be used for future annual report notification)	D27 M
For further information concerning this matter, please call:	To as C
Robert CINOTTI at 904 610-0391 Name of Person Area Code & Daytime Telephone Number	59 ORIDA ORIDA
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\$\$60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\$\$\$\$Certified Copy (additional copy is enclosed)} \text{\$\$\$\$\$}	te of Status &

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

N. G. S. TRADING Company, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)				
The Articles of Organization for this Limited Liability Compa	any were filed on	6/20/1 and assigned		
Florida document number <u>L 110000 780 20</u> .	- /			
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited l</u>	iability company here:			
The new name must be distinguishable and end with the words "L" "L.L.C."	imited Liability Company,"	the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
<u>(Principal office address MUST BE A STREET ADDRESS)</u>		ASSEE. F.		
Enter new mailing address, if applicable:		FLOR STEE		
(Mailing address MAY BE A POST OFFICE BOX)		RIBA		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address be		records, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	Enter I	Florida street address		
		, Florida		
	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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR + Ma MGRM = M	nager Aanaging Member		
Title	<u>Name</u>	Address	Type of Action
MBRM	ECS JR DYNA	Jacksonville 41, 32229	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information	, enter change(s) here: (Attach additional sheets, if ne	cessary.)
			FIL 11 DEC 27 PALLAHASSI
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	RODERI L	e of a member or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00