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(Ad	idress)	
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(Cir	ty/State/Zip/Phon	e #)
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(Bı	usiness Entity Na	me)
(Document Number)		
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SECAL TARY OF STATE
ALL AHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Mock Trading Tovestment UC 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:
Sea Premoch Name of Person
Mocli Trading Group Firm/Company
202 NE 12th Ace
Ft. Carderdele FC 33301 City/State and Zip Code
E-mail address: (to be used for further annual report notification)
For further information concerning this matter, please call:
Cery Premock at (954) 240-7929 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

PREMOCK FINANCIAL
511 SE 51H AVE APT 2204
FT LAUDERDALE, FL 33301-2980

DATE 1-1-12

PAY
TO THE ORDER OF
ORDER OF
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FOR

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES O	F ORGANIZATION 🔧 🛷 😘
	OF POST
(Name of the Limited Liability Co	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Com	pany were filed onand assigned
Florida document number <u>L11000 87283</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l liability company here:
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	Sean Premack
(Principal office address MUST BE A STREET ADDRES	
	Ft. Landerdek, FC 33301
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, enter the name of the new s here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter 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 = Manager

MGRM = Managing Member <u>Title</u> **Address Type of Action** Name Morn Cory Premock 202 NE 12th Are Add Ft. Landerdale, FZ 38301 Remove morn Sean Premoch 202 NE 12th Are Add Ft. Landendale, FC 33301 Remove Remove Remove

ted	ary.)
Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member Typed or printed name of signee	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00