L11000113040

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COVER LETTER

TO:		istration Secti sion of Corpo		#		
CLYD IF		38 Live Ba	it NSB LLC			
SUBJE			Name of Limite	d Liability Company		
The end	closed	Articles of Ar	nendment and fee(s) are submi	itted for filing.		
Please	return	all correspond	ence concerning this matter to	the following:		
			Stephen Alexander			
				Name of Person		
			SKKR inc			
				Firm/Company		
			15371 Bluefish Cir			
				Address		
			Bradenton, FI, 34202			
				City/State and Zip Cod	de	
			38livebait@gmail.com E-mail address: (to	be used for future annu	ual report notification	on)
For fur	ther in	nformation con	cerning this matter, please call			•
Stepl	hen .	Alexander	·	386 at ()	314 4160	
		Name of F	Person	Area Code	Daytime Tel	ephone Number
Enclos	ed is	a check for the	following amount:			
□ \$2	5.00 F	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fe Certified Copy (additional copy is		□ \$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

38 Live Bait NSB LLC (Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company were filed on 10. Florida document number L11000113040	/03/2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liability company he</u>	<u>re</u> :
SKKR Trading LLC	
The new name must be distinguishable and end with the words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2015 TALL
Principal office address MUST BE A STREET ADDRESS)	5 FE
	FEB 13
	SEE 3
Enter new mailing address, if applicable:	mg P II
Mailing address MAY BE A POST OFFICE BOX)	ORI 2
	2
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	our records, enter the name of the n
	ida stuast addusas

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 605, 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 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 = N $AMBR = A$	Ianager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
-			Add
			☐ Remove
			Add
			□ Remove
			□ Add
			Remove
			Remove SECRETARY OF STATE TALLAHASSEE, FLORIO
			CORDE PRemove
			□ Add
			☐ Remove
			Add
			☐ Remove

	• •		
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fective date must be	er than the date of fil specific, cannot be prior to filed by the Florida Departs	date of receipt or filed date and	(optional) cannot be more than 90 days after
fective date must be	specific, cannot be prior to	date of receipt or filed date and	

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Filing Fee: \$25.00

2015 FEB | 3 PM 4: 22 SECRETARY OF STATE TALLAHASSEE. FLORIDA