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(Re	equestor's Name)	
(Ad	dress)	
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(Cid	ty/State/Zip/Phone	= #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY SE STATE A

AUG 1 9 2013

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	ATH WO-10	Commodities LL	LC
		ed Liability Company	
	f Amendment and fee(s) are sub	-	
Please return all corresp	ondence concerning this matter	to the following:	
	A	Name of Person F + Allicited In Firm/Company	. =
		Name of Person	一
	AR.	s + Amerites In	
	.	Firm/Company	SS O T
	20810	Address Address City/State and Zip Code	2013 AUG 16 PM 1: III SECTED ASSEE, FLORIDA
		Address	
	M	iani FL 30	PIPO DE P
		City/State and Zip Code	
	F-mail address: (t	Thoward or e 901 o be used for future annual report notificat	ion)
For further information	concerning this matter, please concerning this matter, please concerning this matter.		,
	•	at (7º5) 657- Area Code & Daytime To	1750
Name	of Person	Area Code & Daytime To	elephone 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

/11/1	forld Commoditie	
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears brida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liabi	ility Company were filed on	2/6/12 and assigned
Florida document number	157.	18 S
This amendment is submitted to amend the following		TO THE TABLE OF THE PARTY OF TH
A. If amending name, enter the new name of th	e limited liability company here:	EFF. PA
The new name must be distinguishable and end with th "L.L.C."	ne words "Limited Liability Company	y," the designation "LLC" of the abberiate
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		ir records, <u>enter the name of the n</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	r 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>		Address	Facet M	eadou	Lanc	Type of Action
MGR	Mame Michelle Rence Gutie	nez					Add
			West Pala				Remove
		-					Add
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). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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nted	August 6, 2013.
	on Hain
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

