# L120000055400

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
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K. SALY EXAMINER

SEP 21

## COVER LETTER \_

TO: Registration So Division of Cor			
CLIDICOD	g Group, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Gregory Mitchell, Esq.		
		Name of Person	
	Law Offices of Paul J. Bur	khart, PL	
		Firm/Company	<u> </u>
	800 Village Square Crossi	ng.	
	<u></u>	Address	
	Palm Beach Gardens, FL 3	3410	
		City/State and Zip Code	
	gmitchell@paulburkhart.net		
	E-mail address: (	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please co	all:	
Gregory Mitchell		561 880-0155	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)



#### 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

2016 SEP 16 PM 1:24
TALLAHASSET FLORID

SOL TRADING GROUP, 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	• -	and assigned
Florida document number L120000055400	·············	
This amendment is submitted to amend the following		
A. If amending name, <u>enter the new name of the l</u>	imited liability company here:	
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		1-
B. If amending the registered agent and/or re	ngistared office address on our records	enter the name of the new
registered agent and/or the new registered office a		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
The Tregistered Office Tradices.	Enter Florida street address	
	, Flor	ida
<del></del>	City	ida 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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Kent Stapleton	5030 Champion Blvd, G-6 #175	■ Add
		Boca Raton, FL 33496	□ Remove
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an effective date  Note: If the date	is listed, the date to inscribe in this	the date of filing must be specific and block does not me Department of S	cannot be prior to d neet the applicable	ate of filing or more to statutory filing rec	(optiona nan 90 days after filin quirements, this dat	g.) Pursuant to 605	.0207 (3)(b) d as the
e record spe The 90th da	cifies a delay ay after the r	ved effective decord is filed.	ate, but not a	n effective time	e, at 12:01 a.m	. on the earlie	
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				d representative of a			

Page 3 of 3

Filing Fee: \$25.00