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SECRETARY OF STALE

APPROVED AND FILED

D. BRUCE

AUG 0 7 2012

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Life Style Trading, LLC.  Name of Limited Limiting Company
Name of Emilion Substity Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ekambaram Ellan Name of Person
Name of Person
Lifestyle Trading, LLC.
9959 83 od way
Largo, FL 33777  ARE S
City/state and zip code
$PP(05/336)$ Grade Com $\longrightarrow$
E mail decreas, (to be used for future distinct report indifficution)
For further information concerning this matter, please call:
Ekambaram Ellan at (818) 457-5531  Name of Person Area Code & Daytime Telephone Number
,
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\text{\$\subset}\$\$} \text{\$\text{\$\subset\$}\$} \
(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** 

Zifestyle loading			
(Name of the Limited Liability (A Florida Lin	Ompany as it now appears mited Liability Company)	on our records.	
The Articles of Organization for this Limited Liability Con Florida document number <u>L/206061186</u>	mpany were filed on <u>M</u>	ley 07, 2	0/2 and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limite</u>	ed liability company here	<b>:</b>	
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Compan	y," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	****		
(Principal office address MUST BE A STREET ADDRE	<u> </u>		12 12 12 12 12 12 12 12 12 12 12 12 12 1
Enter new mailing address, if applicable:			APPROV FILED FILED JUG-6 PM REJARY OF AHASSEELF
(Mailing address MAY BE A POST OFFICE BOX)			I:49 SiAIE CORIDA
B. If amending the registered agent and/or register registered agent and/or the new registered office addre		ır records, <u>ente</u>	r the name of the new
Name of New Registered Agent:	**		
New Registered Office Address:	Finia	er Florida street a	address
	Linei		
	City	, Florida _	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 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:

D. If amending any other information, enter change(s) here: (Attach additional sheets if necessary.)  Add Remove    Add Remove   Add Re	ction
D. If amending any other information, enter change(s) here: (Attach additional sheets. if necessary.)  Add Remove  Add Remove  The purpose for which this himited Liability  Company; is: to engage in the business of margin or  Options trading and to transact any lawful business for which a limited liability Company may be organized under the laws of State of thorody. The Company shall have all the	a.
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the laws of State of Florida. The Company shall have all the	
Powers, granted to a limited liability Company under the laws of S Dated Hugust 02, 2012.	- 1 4
	tate of
Signature of a member or authorized representative of a member	
Ekambaram Ellan Typed or printed name of signee	

Filing Fee: \$25.00