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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:

CLARA PASQUALI

Name of Person

Firm/Company

485 SOMERSET WAY

Address

WESTON, FL 33326

City/State and Zip Code

INFO@CPTRADERS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLARA PASQUALI

954, 789-4004

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

☐\$30.00 Filing Fee & Certificate of Status

U\$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:

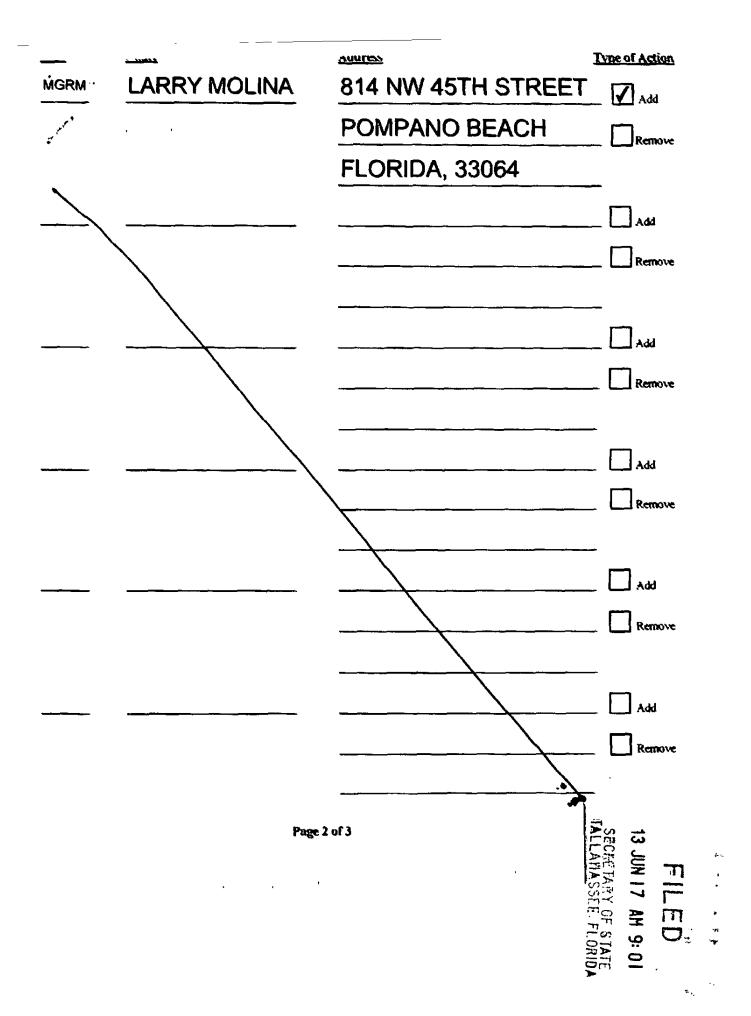
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 3230! **CP TRADERS LLC**

(Name of the Limited Liability Company as it now appears on our recor	4-1
(CARRIE AL CRE L'ARRES L'ARBIER L'ARBIER L'ARBIER L'ARBIER DE REPRÉDE DE L'ARBIER DE L'ARBIER DE L'ARBIER L'ARBIER DE L'ARBIER	ac i
The state of the s	
(Florida Limited Linbility Comment)	

The Articles of Organization for this Limited Liability Company Florida document number <u>L12000127747</u>	were filed on 10/05/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the designation "LI	LC ⁿ or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of		ne name of the new
registered agent and/or the new registered office address her	\$	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	sn
	, Florida	<u> </u>
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	-	•
I hereby accept the appointment as registered agent and agr the provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	lete performance of my duties, and I a provided for in Chapter 608, F.S. Or, i	m familiar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3



UNE 11	2013	
	Cluso Raseuri ;	
CLARA PASQ	gnature of a member of authorized representative of a member	
CLARA PASO	Typed or printed name of signee	
	Page 3 of 3	
	Filing Fee: \$25.00	

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