

L13000055919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2013 SEP 18 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. O'Neil SEP 19 2013

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **Trace Industrial Supply, LLC**

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:

**Julie Hough**

Name of Person

**Trace Industrial Supply**

Firm/Company

**1351 Saqwgrass Corporate Pkwy, Suite 101**

Address

**Fort Lauderdale, FL 33323**

City/State and Zip Code

**julie@traceindustrialsupply.com**

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

For further information concerning this matter, please call:

**Julie Hough**

Name of Person

**954 3091960**

at ( )

Area Code & Daytime Telephone 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

FILED

2013 SEP 18 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Trace Industrial Supply, 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 Company were filed on September 15, 2013 and assigned Florida document number L13000055919.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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:

(Principal office address MUST BE A STREET ADDRESS)

1351 Sawgrass Corporate Pkwy

Suite 101

Fort Lauderdale, FL 33323

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1351 Sawgrass Corporate Pkwy

Suite 101

Fort Lauderdale, FL 33323

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

1351 Sawgrass Corporate Pkwy, Suite 101

*Enter Florida street address*

Fort Lauderdale

*City*

Florida 33323

*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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Julie Hough	1351 Sawgrass Corporate Pkwy	<input checked="" type="checkbox"/> Add
		Suite 101	<input type="checkbox"/> Remove
		Fort Lauderdale FL 33323	
MGRM	Tracey L. Hough	808 SW 26th Street	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33315	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

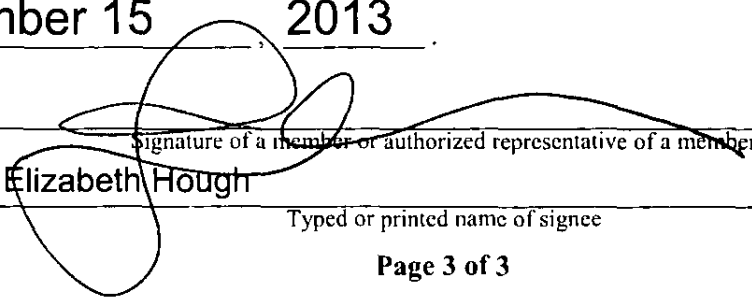
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Dated **September 15** **2013**

  
Signature of a member or authorized representative of a member

**Julie Elizabeth Hough**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

**FILED**  
**2013 SEP 18 PM 12:01**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**