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(Re	questor's Name)	
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FILED SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations

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EQUITY Trades International LLC SUBJECT: Name of Limited Liability Company LED HILL The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: RoberT SCOTT Fonner Name of Person EQUITY TRAdes Inter ANTIONAL Firm/Company 553 BOCA ChiCA SUITE 203 Address OCOCC, FL 3476/ City/State and Zip Code SCOTT, FONNES OGMAIL. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kopert Scott Foundr at (407) 252-445 Providences Enclosed is a check for the following amount: [™] □\$60.00 Filing Fee, □\$55.00 Filing Fee & · •. Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle, Tallahassee, FL 32314 Tallahassee, FL 32301

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EA UTIL TRA 100	Province 11/1	
[qvii x [kfdes	InterNATIONAL LLC	
A Florida Limited Liability Company (A Florida Limited Liability Company)	v as it now addears on our records.)	
The Articles of Organization for this Limited Liability Company w	were filed on $04/a4/3013$ and assigned	
	vere filed on and assigned	
Florida document number <u>L 130000599</u> 20		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ity company here:	
The new name must be distinguishable and end with the words "Limite	ed Liability Company." the designation "LC" of the abbreviation	
"L.L.C."		
	表: 5 、 1	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	ing 3 0	
	67.5	
	ADE N	
Enter new mailing address, if applicable:	2	
- · · ·		
<u>(Mailing address MAY BE A POST OFFICE BOX)</u>		
B. If amending the registered agent and/or registered offic		
registered agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter 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	e to act in this capacity. I further agree to comply with	
the provisions of all statutes relative to the proper and comple		
accept the obligations of my position as registered agent as pr		

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, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

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MGR = Manager MGRM = Managing Member

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<u>Title</u>	Name	Address	Type of Action
merm	STACY DAIdi	5479 VineLANJ Rd	Add
		suite 9312	Remove
		OKIANdo FL, 328,	
MERM	Roberbender	SUITE 9312 OKIANDO FL, 3281 124 WEST YORK CT Longwood, FL 3277	Add
		Longwood, FL 3277	7 G Remove
	-		Add
		EA SI	Remove
		FALLAHASSEE, FLUM	FIL FD
		، ۲ ۲	ST Remove
			No.
			Add
			Remove
			·
			Add
			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member BAIdi / RoberT Bender Typed or printed name of signee STACY Page 3 of 3

Filing Fee: \$25.00

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