## 45000032424

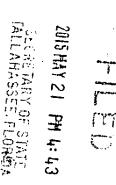
(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	· #)
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## **COVER LETTER**

Di	vision of Corp	orations		·	
SUBJECT:		EAN TRADING LLC		•	
oebone i	Name of Limited Liability Company				
The enclose	ed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please retur	n all correspon	dence concerning this matter	to the following:		
		E. RUSSELL EDDINS			
			Name of Person		
· Firm/Company					
		2161 NE 68th STREET S	TE. 329		
			Address		
		FORT LAUDERDALE, F	L 33308		
			City/State and Zip Code		
		REDDINS1@GMAIL.COM			
		E-mail address: (i	to be used for future annual report notifical	.ion)	
For further	information co	ncerning this matter, please ca	all:		
CARL KE	NNEDY .		304 552-0206 at ()		
•	Name of	Person	at () Area Code Daytime Te	elephone Number	
Enclosed is	a check for the	e 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:

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**Registration Section** 

TO:

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

TRANSOCEAN TRADING LLC	
( <u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L15000032424	Company were filed on 02-20-2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Li	mited 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 ADD	DRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad-	istered office address on our records, enter the name of the new dress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address  Florida
	City 72ip Code \
New Registered Agent's Signature, if changing Register	red Agent:
provisions of all statutes relative to the proper and accept the obligations of my position as registered a	t and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familify with and agent as provided for in Chapter 605, F.S. Or, if this document is red office address, I hereby confirm that the limited liability

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>	Address	Type of Action		
AMBR	YATES, RAYMOND	3544 JOAN DRIVE	□ Add		
		MISSISSAUGA, ON	■ Remove		
		L5B I-T8 CN	□ Change		
AMBR	KUMAR, ANAND	6330 HALSEY ROAD			
		MCLEAN, VA 22101	■ Remove		
			□ Change		
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ective date, if of effective date is li	other than the date of sted, the date must be spec	f filing:	or to date of filing or	more than 90 days after	<b>nal)</b> filing.) Pursuant to 605	.020
: <b>e:</b> If the date in	serted in this block does e date on the Departme	s not meet the appl	licable statutory fili	ng requirements, this	date will not be liste	ed a
	t and on the sopatime	or or orace a record	,			
record specif	ies a delayed effect	tive date, but r	not an effective	time, at 12:01 a	.m. on the ea	er o
ne 90th day i	after the record is i	filed.			APP APP	
ed MAY 15	In	2015			<b>新</b> 克 <b>2</b>	
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	11/1/2//	2			FLU F	

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee