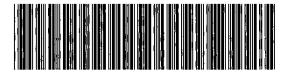
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(Address)	
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(City/State/Zip/Phone #)	
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(Business Entity Name)	—
(Document Number)	
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2015 MAY 26 PM 4: 47

K.SALY EXAMNER EXAMNER VAY 29 2015

COVER LETTER

TO: Registration So Division of Cor					
SUBJECT: AN	MERITRADE M	OTORS LLC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	SA	ANOAH di,	rS		
		Name of Person			
		Firm/Company			
	3801 F	ARRAGUT Address	st		
		Address			-
	Hollywax	J FL	330	21	
	said.V	City/State and Zip Code	zmail	· Cour.	_
	E-mail address: (to be used for future annual	report notific	cation)	
For further information e	concerning this matter, please co	all:			
SAID	HAOURS	at (754)	802	7265	
. Name o	of Person	Area Code	Daytime	Telephone Numbe	r
Enclosed is a check for the	he following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee of Certified Copy (additional copy is end		Certified	ite of Status &

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 2015 MAY 26 PM 4: 47

AMERITRADE MOTORS LLC

(Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limi	ted Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		ur records, <u>enter the name of the</u>
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address:	Enter Florida	street address
New Registered Office Address:	Enter Florida	street address , Florida

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 605, 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 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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr	WADE ELACHE	3801 Farragut st	Add
v		3801 Farragut st Hollywood FL 33021	Remove
			Change
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The 90th day afte	er the record is filed	d.			
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Filing Fee: \$25.00