# L150000 99881





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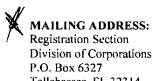
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2015 OCT 12 PM12: 43
SECRETARY OF STATE
TALL ARASSES FILORIDA

OCT 1.3 2015 J. HARRIS

## COVER LETTER

| Division of Cor                   | porations                                    |                                                                     |                                                                                            |  |  |  |  |  |  |
|-----------------------------------|----------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| SUBJECT: MJ Trading               | ; LLC                                        |                                                                     |                                                                                            |  |  |  |  |  |  |
| Name of Limited Liability Company |                                              |                                                                     |                                                                                            |  |  |  |  |  |  |
|                                   |                                              |                                                                     |                                                                                            |  |  |  |  |  |  |
| The enclosed Articles of          | Amendment and fee(s) are subm                | nitted for filing.                                                  |                                                                                            |  |  |  |  |  |  |
| Please return all correspondence  | ondence concerning this matter to            | o the following:                                                    |                                                                                            |  |  |  |  |  |  |
|                                   | Mitchell Weissman                            |                                                                     |                                                                                            |  |  |  |  |  |  |
|                                   |                                              | Name of Person                                                      |                                                                                            |  |  |  |  |  |  |
|                                   | MJ Trading, LLC                              |                                                                     |                                                                                            |  |  |  |  |  |  |
|                                   |                                              | Firm/Company                                                        |                                                                                            |  |  |  |  |  |  |
|                                   | 1050 Sebastian Road                          |                                                                     |                                                                                            |  |  |  |  |  |  |
|                                   |                                              | Address                                                             | <u> </u>                                                                                   |  |  |  |  |  |  |
|                                   | Sebastian, Fl., 32976                        |                                                                     |                                                                                            |  |  |  |  |  |  |
|                                   | <del> </del>                                 | City/State and Zip Code                                             |                                                                                            |  |  |  |  |  |  |
|                                   | mweissman l@grandcentralt                    | rading.com                                                          |                                                                                            |  |  |  |  |  |  |
|                                   | E-mail address: (to                          | be used for future annual report notification                       | ation)                                                                                     |  |  |  |  |  |  |
| For further information c         | oncerning this matter, please cal            | H:                                                                  |                                                                                            |  |  |  |  |  |  |
| Mitchell Weissman                 |                                              | 954 301-0179<br>at ()                                               |                                                                                            |  |  |  |  |  |  |
| Name of Person                    |                                              | Area Code Daytime T                                                 | elephone Number                                                                            |  |  |  |  |  |  |
|                                   |                                              |                                                                     |                                                                                            |  |  |  |  |  |  |
| Enclosed is a check for the       | ne 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) |  |  |  |  |  |  |



TO:

**Registration Section** 

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

| MJ Trading LLC.                                                                                                     |                                                                                       |                                                    |
|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------|
| (Name of the Limi                                                                                                   | ted Liability Company as it now appears on o<br>(A Florida Limited Liability Company) | ur records.)                                       |
| The Articles of Organization for this Limited L                                                                     | iability Company were filed on June 8 2                                               | and assigned                                       |
| Plorida document number L15000099881                                                                                | ·                                                                                     |                                                    |
| his amendment is submitted to amend the following                                                                   | lowing:                                                                               |                                                    |
| A. If amending name, <u>enter the new name c</u>                                                                    | of the limited liability company here:                                                |                                                    |
| he new name must be distinguishable and contain the                                                                 | words "Limited Liability Company," the designa                                        |                                                    |
| Enter new principal offices address, if appli                                                                       | 2015<br>2015                                                                          |                                                    |
| Principal office address MUST BE A STREET ADDRESS)                                                                  |                                                                                       |                                                    |
|                                                                                                                     |                                                                                       |                                                    |
|                                                                                                                     |                                                                                       | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)            |
| Enter new mailing address, if applicable:                                                                           |                                                                                       | nout the series of the first                       |
| Mailing address MAY BE A POST OFFICE                                                                                | BOX)                                                                                  | 20 <u>20 20 20 20 20 20 20 20 20 20 20 20 20 2</u> |
|                                                                                                                     |                                                                                       | <del>β</del> ω                                     |
| B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: |                                                                                       | records, enter the name of the no                  |
|                                                                                                                     | 1050 Sbastian Road                                                                    |                                                    |
| New Registered Office Address:                                                                                      | Enter Florida str                                                                     | reet address                                       |
|                                                                                                                     | Sebastian                                                                             | , Florida 32976                                    |
|                                                                                                                     | City                                                                                  | 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 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.

AM Boul

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>            | <u>Address</u>        | Type of Action                                                                                                                                                                                                                |
|--------------|------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AMBR         | Mitchell Weissman      | 1050 Sebastian Road   | □ Add                                                                                                                                                                                                                         |
|              |                        | Sebastian, Fl., 32976 | □ Remove                                                                                                                                                                                                                      |
|              |                        |                       | ☐ Change                                                                                                                                                                                                                      |
| AMBR         | James Downey           | 1050 Sebastian Road   | □ Add                                                                                                                                                                                                                         |
|              |                        | Sebastian, Fl., 32976 | □ <sup>·</sup> Remove                                                                                                                                                                                                         |
|              |                        |                       | ☐ Change                                                                                                                                                                                                                      |
| MBR          | Alleem Siddique Baccus | 18610 SW 94 Court     | Add                                                                                                                                                                                                                           |
|              |                        | Miami, Fl., 33157     | □ Remove                                                                                                                                                                                                                      |
|              |                        |                       | □ Change                                                                                                                                                                                                                      |
|              |                        |                       | Add                                                                                                                                                                                                                           |
|              |                        |                       | Remove ALLA B Chambe ASSCHOOL AND ASSCH |
|              |                        |                       | ☐ Remove & Change ☐ Add                                                                                                                                                                                                       |
|              |                        |                       | ☐ Add                                                                                                                                                                                                                         |
|              |                        |                       | □ Change                                                                                                                                                                                                                      |

| ,         | N/A                                                                                                                                                                                                                                  |                |             |             |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------|-------------|
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|           |                                                                                                                                                                                                                                      |                |             |             |
|           |                                                                                                                                                                                                                                      |                |             |             |
| -         |                                                                                                                                                                                                                                      |                |             |             |
| Effect    | ive date, if other than the date of filing:(optional                                                                                                                                                                                 | )              |             |             |
| (If an ef | Pective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date | g.) Pursuant t | to 605.02   | 207 (3)(b   |
|           | nent's effective date on the Department of State's records.                                                                                                                                                                          | , will not b   | e nace      | as the      |
|           |                                                                                                                                                                                                                                      |                |             |             |
|           | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed.                                                                                                                | on the e       | earlier     | of:         |
|           | 10/07/2015                                                                                                                                                                                                                           |                |             |             |
| Dated     |                                                                                                                                                                                                                                      | TAC SE         | 2015        |             |
|           | / h lin                                                                                                                                                                                                                              | E SE           | <br>        | CICCO       |
|           | Signature of a member or authorized representative of a member                                                                                                                                                                       |                |             | grane e     |
|           | Mitchell Weissman                                                                                                                                                                                                                    | SEE            | ~           | Lamber<br>i |
|           | Typed or printed name of signee                                                                                                                                                                                                      |                | PH 12: 43   | 2 4 1       |
|           |                                                                                                                                                                                                                                      | 25             | $\ddot{S}$  | :           |
|           |                                                                                                                                                                                                                                      |                |             |             |

Filing Fee: \$25.00