15000120773

(R	Requestor's Name)
(A	Address)
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(C	City/State/Zip/Phone #)
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(E	Business Entity Name)
(0	Document Number)
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SECRETARY OF STATE

MI 28 2015

COVER LETTER

ATX Tradir	ng L.L.C.		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Heverton Andrade		
		Name of Person	
	ATX Trading LLC		
		Firm/Company	
	808 Dothan Court		
	74	Address	
	Raleigh, North Carolina 27	7614	4 .
	heverton.andrade.atx@gma	City/State and Zip Code	SECRETARY OF STALLAHASSEE. FLOT
	·	to be used for future annual report n	otification)
For further information co	oncerning this matter, please c	all:	otification) HANSSEE.
Glenn Taylor		919 961-5308 at ()	STA FLOR
Name of	Person		ime Telephone Number
Enclosed is a check for th	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:

TO:

Registration Section
Division of Corporations

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

ATX Trading L.L.C.			
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on ou I Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Compan	y were filed on July 14, 20	015	and assigned
Florida document number L15000120773			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation	on "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SECRETARY O TALLAHASSEE	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he			he name of the r
Name of New Registered Agent:			·
New Registered Office Address:	Enter Florida stre	et address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agen			
I hereby accept the appointment as registered agent and ag	gree to act in this capaci	ity. I further agre	ee to comply with

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Glenn Marshall Taylor	808 Dothan Court	∃ Add
		Raleigh, North Carolina 27614	☐ Remove
			☐ Change
· · · · · · · · · · · · · · · · · · ·			□ Add
		- Control of the cont	☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			Add Remove 17 LLAH A SSE
			Change Add ASSEE, FLORIDA
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change

	2015 ALL:
	AHA AHA
Effective date, if other than the date of filing:	_ (optional) ~
(If an effective date is listed, the date must be specific and cannot be prior to date Note: If the date inserted in this block does not meet the applicable state.)	of filing or more than 90 days after [Jiffg] Pursuant to control of atutory filing requirements, this date will to be listed as t
document's effective date on the Department of State's records.	2: 3: LORID
he record specifies a delayed effective date, but not an e	*** IV
The 90th day after the record is filed.	sirective time, at 12.01 a.m. on the currier of
2015	
Dated July 22 2015	
Signature of a member or authorized re	epresentative of a member
Glenn Marshall Taylor - Authorized representative of the m	nembers
Typed or printed name	

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Filing Fee: \$25.00