## L15 000 206651

(Re	equestor's Name)	
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## **COVER LETTER**

Division of Cor		•	
	ROPERTIES, LLC	,	•
SUBJECT:	Name of Lin	ited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SCOTT PUMPER		
		Name of Person	
		Firm/Company	<u> </u>
	1218 PONCE DE LEON I	Name of Limited Liability Company  addment and fee(s) are submitted for filing.  see concerning this matter to the following:  COTT PUMPER  Name of Person  Firm/Company  218 PONCE DE LEON DRIVE  Address  T. LAUDERDALE, FL 33316  City/State and Zip Code  PUMPSI@YAHOO.COM  E-mail address: (to be used for future annual report notification)  ning this matter, please call:  at (	
		Address	
	FT. LAUDERDALE, FL	33316	
	SPUMPS1@YAHOO.COM		
	E-mail address: (	to be used for future annual report notific	cation)
For further information c	oncerning this matter, please c	all:	
SCOTT PUMPER			
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filling Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Address		Street Address:	ion
Registration S Division of C		Registration Sect Division of Corp	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PUMPS PROPERTIES, LLC		
( <u>Name of the Limited Lial</u> (A Floi	oility Company as it now appears on our records.) ida Limited Liability Company)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability	Company were filed on 12/11/2015	and assigned
Florida document number L15000206651		
This amendment is submitted to amend the following.		
A. If amending name, enter the new name of the li	mited liability company here:	
ARETE TRADING GROUP, LLC		
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7021 JAN -1, PI
B. If amending the registered agent and/or registe agent and/or the new registered office address here		ne name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida Zip Code
	C 11.3	*****

## 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 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
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Note: If the dat	, if other than e is listed, the date te inserted in thi ective date on th	s block does no	ot meet the appl	icable statutory	or more than 90 day Tling requiremen	(optional) s after tiling.) ts, this date v	Pursuant to	605.0
		, 1,						
record specific I is filed.	es a delayed effe	ctive date, but r	ot an effective	time, at 12:01 a	m. on the earlier	of: (b) The	90th day a	fter the
ated	12/31/20	-7	· <del></del>	·				
	J.	ot M/	egel,	Register	ed Agent uive of a member	-		
		Signature -4	Y 14 (3) (1) 1) DAVE (VE (1) (	11367617671 FEDERSONI	ייאווויאו <b>וס</b> יני ווו יועוון			
	•	Signature ed	ra member or au	nted name of sign	nive of a member			

Filing Fee: \$25.00