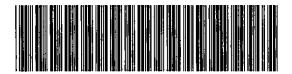
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Ser Division of Corp		•	
JENTRADE SUBJECT:	E, LLC		
SUBJECT:	Name of Limited Liability	y Company	
	Amendment and fee(s) are submitted for fundence concerning this matter to the follo	_	
	JOHN NEAL		
	. Name	e of Person	
	JENTRADE, LLC		
	Firm	/Company	
	4875 WEST McELROY AVE		
	A	Address	
	TAMPA/FL 33611		
	City/State	e and Zip Code	
	JOHN@JENTRADE.COM		
For further information co	E-mail address: (to be used to	or future annual report notification	TEARASSEY
Name of	Person at (Area Code Daytime Telepl	hone Number
			22 25 A
Enclosed is a check for the	_		7 0 0 0 Pili P
\$25.00 Filing Fee	Certificate of Status Cert	00 Filing Fee & Utified Copy itional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

JENTRADE, LLC					
(Name of the Limi	ted Liability Compa (A Florida Limited	iny as it now appears on our reco Liability Company)	ords.)		
The Articles of Organization for this Limited L Florida document number L16000098701	iability Company	were filed on 05/20/2016	an	d assigned	
This amendment is submitted to amend the following	lowing:		-		
A. If amending name, enter the new name of	of the limited liab	ility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation	on "L.L.C."	
Enter new principal offices address, if applicable:		4875 WEST McELROY AV	/E		
(Principal office address MUST BE A STREE	ET ADDRESS)	TAMPA, FL 33611			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered of	or registered of	ffice address on our recor	ds, enter the na	me of the nev	
Name of New Registered Agent:			F-27, 6		
New Registered Office Address:	4875 WEST M		<u> </u>		
		Enter Florida street add	ress Criza la		
	ТАМРА		Florida <u>33611 7</u>	<u>, []</u> :	
New Registered Agent's Signature, if changing I	Registered Agent:	City		Code	
I hereby accept the appointment as registere provisions of all statutes relative to the prop					

If Changing Registered Agent, Signature of New Registered Agent

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
AMBR	DONNA NEAL	4114 WEST NORTH B STREET	= Add
		TAMPA, FL 33609	□ Remove
		·	Change
		· · · · · · · · · · · · · · · · · · ·	□ Add
			☐ Remove
			☐ Change
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Constitution of the state of the				
fective date, if other than the d n effective date is listed, the date must b te: If the date inserted in this bloc	se specific and cannot be prior to	date of filing or more than 90	days after filing.) Pursuant	o 605.02
cument's effective date on the Dep	partment of State's records.	ne statutory tring requirer	nents, this date will not b	е имеа
record specifies a delayed	effective date but not	an officializations at	13:01 a co on the	
record specifies a delayed of the 90th day after the recor	'd is filed.	an enective time, at	12:01 a.m. on the e	arner
, AUGUST 23	2016			
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<u>Λ</u> Γ				
	nature of a member or authori	zed representative of a memb		

Page 3 of 3

Filing Fee: \$25.00