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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2016 OCT 27 P 1: 48
SECRETARY OF STATE
TALLAHASSEE OF STATE

D. BRUCE 0CT 28 2016

COVER LETTER

	K TRADING LLC	
SUBJECT:	Name of Limited Liability Company	
	cles of Amendment and fee(s) are submitted for filing.	
Please return all co	orrespondence concerning this matter to the following:	
	NING SUN	
	Name of Person	
	DSSK TRADING LLC	
	Firm/Company	
	30 DANIEL DR.	
	Address	
	BURLINGTON, MA. 01803	
	City/State and Zip Code	
	wedywen@gmail.com	
For further inform	E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification)	2016 OCT
NING SUN	781 3867257 SA	FIL BCT 27
	Name of Person Area Code Daytime Telephone Number	ED = ED
Enclosed is a chec	k for the following amount:	CO
■ \$25.00 Filing	Fee \$\sim \$30.00\$ Filing Fee & \$\sim \$55.00\$ Filing Fee & \$\sim \$60.00\$ Filing Certificate of Status Certified Copy Certificate of Certified Copy (additional copy is enclosed) Certified Co (additional copy is enclosed)	of Status &

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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

TO ARTICLES OF ORGANIZATION OF

DSSK TRADING LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on JULY 22, 2016	and assigned
Florida document number L16000137906		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u>s)</u>	
		SF 25
	AH A:	
Enter new mailing address, if applicable:		2 T
(Mailing address MAY BE A POST OFFICE BOX)		2 – • • • • • • • • • • • • • • • • • •
	RES	£
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		er the name of the n
registered agent and/or the new registered office address	s nere.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager
AMBR = Authorized Member
Title Name

<u>Title</u>	<u>Name</u>	Address	<u>Type of Action</u>
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		BURLINGTON, MA. 01803	☐ Change
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Typed or printed name of signee

Filing Fee: \$25.00