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2018 007 -5 P 3 35

D. BRUCE 0CT 0 6 2016

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TRADEPOLY Consulting LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Piyush Rampuzia
Name of Person
TRADEPOY CONSULTING LLC Firm/Company
1001 Brickell Boy Dr. #2700
Miani, FL 33131 City/State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number 35
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\bigcup \text{\$(additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed)\$\$\$ 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

TRADEDOU CONSULTION	na IIC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>しんのいちる330</u> .	were filed on <u>8-23 - 16</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Commany " the designation "I I C" on the	okkanistis "I I C"
Enter new principal offices address, if applicable:	1001 Brickell Bey D	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	Suite 2700	
	Miemi, FL 33131	
-	1001 7 STAVIL 7-	
Enter new mailing address, if applicable:	1001 Brickell BE	4.1/
(Mailing address MAY BE A POST OFFICE BOX)	Juste 2700	
	Misni, FL 33	2131
D. If amounting the contrate of the second	ce 11	A 2
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		
	<u>-</u> -	AHAN OC
Name of New Registered Agent:		တ္ကုိ ဟ
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street address	35
	, 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

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>	Name	<u>Address</u>	Type of Action
			Add
			□ Remove
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
	•		Change
			☐ Change
		·	
			☐ Remove
			☐ Change
		 	Add
			Remove
			Change

If amending any other information, enter	r change(s) here: (Attach additional sh	neets, if necessary.)	
<u> </u>				
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Effective date, if other than the date of fill If an effective date is listed, the date must be specific Note: If the date inserted in this block does not document's effective date on the Department of	and cannot be prior to do ot meet the applicable	ate of filing or more than		
ne record specifies a delayed effective The 90th day after the record is file	e date, but not ar ed.	n effective time, a	at 12:01 a.m. on tl	he earlier of:
Dated Soptember 30 Picy Signatury of	_, <u>2016</u> . ush Reupu	vic		
Signature	f a member or authorize	d representative of a me	mber	
	Typed or printed na	RAMPURIA		

Page 3 of 3

Filing Fee: \$25.00