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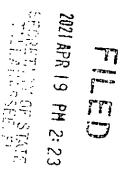
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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

| SUBJECT: Glit  | 1 P. r b E St Name of Limit                  | Trading LL(   | Wyoming   |                |
|--|--|---|---|----------------|
| The enclosed Articles of Am  | nendment and fec(s) are subm                 | nitted for filing.  |   |                |
| Please return all corresponde  | ence concerning this matter to               | o the following:  |   |                |
|  | Aylar Am                                     | Name of Person  | Eversley  M21 APR 19 PH 2: 23  De att   | -7             |
|  |  | Firm/Company  | R - 9   | 6-230<br>[2502 |
|  | 6305 India                                   | CM (RECK) Address   | Dr aht 35   |                |
|  | W. COM DE                                    | City/State and Zip Code   | 52111   |                |
| -  | C. V. C. Y. C. Y. L. E-mail address: (to     | be used for Auture annual report n  | ) YY\<br>otification)   |                |
| For further information conc   | erning this matter, please cal               | •   |   |                |
| Name of Pe   | aber diyeva                                  | at (406) 49<br>Area Code Days   | + 0+3+<br>time Telephone Number   |                |
| Enclosed is a check for the f  | ollowing amount:                             |   |   |                |
| ,  | □ \$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: Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL | porations                                    | Street Address:<br>Registration S<br>Division of C<br>The Centre o<br>2415 N. Mon<br>Tallahassee, | Section<br>Corporations<br>f Tallahassee<br>roe Street, Suite 810                         |                |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compa<br>(A Florida Limited)   | ny as it now appears on our records.) Liability Company) | 0 min o                    |
|---|--|----------------------------|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L460001+22,33</u> .  | were filed on <u>1914/2010</u>                           | o and assigned             |
| This amendment is submitted to amend the following:   |  |                            |
| A. If amending name, enter the new name of the limited liab  Clitch best Trading LL  The new name must be distinguishable and contain the words Limited Liabi |  | the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)   | Homesterd, FL,   | 139 Feyrace                |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | 11501 SW 1<br>Homestrad, Fl                              | 33032<br>- 33032           |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here:   | address on our records, enter the                        | name of the new registered |
| Name of New Registered Agent:   |  |                            |
| New Registered Office Address:  | Enter Florida street address                             |                            |
|   | , Florid   | la<br>Zip Code             |
|   | Ony.   | *****                      |

## 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        | Address | Type of Action |
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| fective date, if other than the date in effective date is listed, the date must be spote:  If the date inserted in this block do | ecific and                            | cannot b    |                     |              |                | n 90 days a |          |                |         |             |
| cument's effective date on the Departn   |                                       |             |                     | c statutory  | ming requ      | ar chieres, | uns date | W 111 11(      | it UC 1 | isicu as    |
| ecord specifies a delayed effective date, is filed.  | , but not a                           | an effec    | tive time           | , at 12:01 a | .m. on the     | earlier of  | (b) The  | : 90th         | day a   | fter the    |
| ted April 14   | ;                                     | <u> 200</u> | 2)                  |              |                |             |          |                |         |             |
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