## L1600188007

| (Re                     | questor's Name)    |             |
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| PICK-UP                 | ☐ WAIT             | MAIL        |
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| (Do                     | cument Number)     |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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S. WARREN AUG 1 5 2017

## **COVER LETTER**

|                | ,<br>istration Sect<br>ision of Corpo |   |   |  |
|----------------|---------------------------------------|---|---|--|
| SUBJECT:       | TREND TRA                             | DING, LLC                                       |   |  |
| SUBJECT.       |                                       | Name of Limit                                   | ted Liability Company   |  |
| The enclosed   | Articles of A                         | mendment and fee(s) are subn                    | nitted for filing.  |  |
| Please return  | all correspond                        | dence concerning this matter t                  | o the following:  |  |
|                |                                       | LIVA SIUFANUA                                   |   |  |
|                |                                       |   | Name of Person  |  |
|                |                                       | GUARDIAN LAW                                    |   |  |
|                |                                       |   | Firm/Company  |  |
|                |                                       | 8871 SANDY PKWY W. #                            | 200   |  |
|                |                                       |   | Address   |  |
|                |                                       | SANDY, UT 84070                                 |   |  |
|                |                                       |   | City/State and Zip Code   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |
|                |                                       | LIVA@CORPORATESER\                              |   | <del></del>  |
|                |                                       | E-mail address: (to                             | o be used for future annual report notifica                         | tion)  |
| For further in | iformation cor                        | ocerning this matter, please ca                 | 11:   |  |
| LIVA SIUF      | ANUA                                  |   | 866 868-1818<br>at ()   |  |
|                | Name of I                             | Person  | Area Code Daytime To  | elephone Number  |
| Enclosed is a  | check for the                         | following amount:                               |   |  |
| ■ \$25.00 F    | iling Fee                             | ☐ \$30.00 Filing Fee &<br>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 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

TREND TRADING, LLC

| (Name of the Limited Liability Compa<br>(A Florida Limited  | ny as it now appears on our records.) Liability Company)             |
|---|--|
| The Articles of Organization for this Limited Liability Company Florida document number L16000188007                  | were filed on 10/11/2016 and assigned                                |
| This amendment is submitted to amend the following:   |  |
| A. If amending name, <u>enter the new name of the limited liab</u>  | pility company here:   |
| The new name must be distinguishable and contain the words "Limited Liabi   | ility Company," the designation "L.L.C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |  |
| Principal office address MUST BE A STREET ADDRESS)  |  |
| Enter new mailing address, if applicable:   | 710 D WYMAN CT.  |
| Mailing address MAY BE A POST OFFICE BOX  | ORLANDO, FL. US 32809  |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her |  |
| Name of New Registered Agent:   |  |
| New Registered Office Address:  | Enter Florida street address   |
|   | <b>20.</b> 1.1   |
|   | , Florida  |

New Registered Agent's Signature, it 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        |
|--------------|--------------|-------------------|-----------------------|
| MGR          | KEVIN S JUDY | 710 D WYMAN CT    |                       |
|              |              | ORLANDO, FL 32809 | 🗖 Remove              |
|              |              |                   | ■ Change              |
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| ctive date, if other than the date of filing:  effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuam to 60 energy of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list intent's effective date on the Department of State's records.  ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies 90th day after the record is filed.  In the state of the date in the date of the date in the state of the date in the state of the date in the state of the date in the date of the date of the date in the date of the date o | ; <del></del> -                 |                        |                         |                                       | <del></del> .        |              |                                   |
|--|---------------------------------|------------------------|-------------------------|---------------------------------------|----------------------|--------------|-----------------------------------|
| crive date, if other than the date of filing:  |                                 |                        |                         |                                       |                      |              |                                   |
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| ctive date, if other than the date of filing:  |                                 |                        |                         | <del>-</del>                          |                      |              |                                   |
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| ctive date, if other than the date of filing:  |                                 |                        | <del></del>             |                                       |                      |              |                                   |
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| Signature of a member of authorized representative of a member KEVIN S JUDY  Typed or printed name of signee   |                                 |                        |                         | Die Statutory ming re                 | quirements, uns      | uate with    | iot o <del>c</del> iis            |
| Signature of a member of authorized representative of a member KEVIN S JUDY  Typed or printed name of signee   |                                 |                        |                         |                                       |                      |              |                                   |
| Signature of x member or authorized representative of a member  KEVIN S JUDY  Typed or printed name of signee  |                                 |                        |                         | an effective time                     | e, at 12:01 a.       | .m. on ti    | he earl                           |
| Signature of a member or authorized representative of a member  KEVIN S JUDY  Typed or printed name of signee  | The 90th day after              | the record is f        | iled.                   |                                       |                      |              |                                   |
| Signature of a member or authorized representative of a member  KEVIN S JUDY  Typed or printed name of signee  |                                 |                        |                         |                                       |                      |              |                                   |
| KEVIN S JUDY  Typed or printed name of signee  | ted Handal                      |                        | <u>2011</u>             | <u> </u>                              |                      |              |                                   |
| KEVIN S JUDY  Typed or printed name of signee  |                                 | J.                     | 16                      |                                       |                      | <u>:-</u>    | 17 /                              |
| Typed or printed name of signee  |                                 | Signatur               | e of a member or author | nized representative of               | member               |              | <u> </u>                          |
| Typed or printed name of signee  |                                 |                        | 0                       |                                       |                      | 7.           | = =                               |
|  |                                 |                        | CONTRACTOR              | v                                     |                      | ·/I          | - F                               |
|  |                                 |                        |                         |                                       |                      |              | ا <del>حد</del><br><del>احد</del> |
| Page 3 of 3  |                                 |                        |                         |                                       |                      |              |                                   |

Filing Fee: \$25.00