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(Re	questor's Name)	-
(Add	dress)	- · · · · -
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(Cit	y/State/Zip/Phone #	<i>t</i>)
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BINISION OF PERSONNED TO JUL 24 PH 2: 3

M. MILLIGAN
JUL 26 2017.

COVER LETTER

Division of Corpo			
SUBJECT: FL	ATRAVERS. Ĉ	om llc	
		ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Davi	L A Brown	
	FLATR	ADERS, COM LLC	<u>}</u>
		Transmitter Road	
	Pangin	Address G. G. fry F1 324 City/State land Zip Code COM COM Code Cod	104
	Flatrade E-mail address: (1	1 (avce a mail a CV) to be used for future immaal report notification	<u>)</u>
For further information conc	erning this matter, please ca	all:	
David A	Brown	at (<u>\$50</u>) <u>\$19</u> 70	124
Name of Pe	rtson	Area Code Daytime Tek	phone Number
Enclosed is a check for the f	following amount:		
\$25.00 Filing Fee	□ \$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	G ADDRESS:	STREET/COURIER /	ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FLATRADERS. COML	1C	
FLATRADERS, COML (Name of the Limited Liability Compa (A Flored Limited Liability)	ny as it now appears on our lability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1700005667</u> .		
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 Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Fotos san mailine adduse if applicable.		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
AMELINE BULLING MAT BE A FUST OFFICE BULL		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		cords, enter the name of the new
New Registered Office Address:		
	Enter Florida street	addrexs
		, Florida
N. D. J. A.	Спу	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duti provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is
If Char	iging Registered Agent, <u>Sign</u>	sture of New Registered Agent
Page 1	of 3	

17 M 24 PH 2: 32

or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> **Address** Type of Action Name 1607 Transmitter Pol - Add
Romana Coly A 32404 - Remove Daniel W Davis 11 MGR _ Change Chang from

Prident to

Mand mgn (ouly - no

Remove althous change) ☐ Change □ Add ☐ Remove O Change D Add □ Remove ☐ Change □ Add □ Remove □ Change □ Add □ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

Page 2 of 3

. If amending any other information, enter change(s) here: (Attach additional shee	ts, if necessary.)
	<u> </u>
	<u>. </u>
	<u> </u>
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90. Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	(optional) days after filing.) Pursuant to 605,0207 (3) ments, this date will not be listed as the
the record specifies a delayed effective date, but not an effective time, at The 90th day after the record is filed.	12:01 a.m. on the earlier of:
Dated July 19	
Parid A, Brown Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00