

L170000 53165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

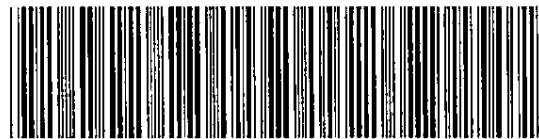
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300303913273

10/02/17--01035--029 \*\*25.00

FILED  
17 OCT -2 AM 7:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 03 2017

J CHIVERS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TRADING SIGNAL 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:

ALESSANDRO BARROSO

\_\_\_\_\_  
Name of Person

TRADING SIGNAL LLC

\_\_\_\_\_  
Firm/Company

1560 Sawgrass Corporate Parkway, 4th Floor - Suite 477

\_\_\_\_\_  
Address

Sunrise, Florida, 33323

\_\_\_\_\_  
City/State and Zip Code

azbarroso@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAURA ROSS

305 789-9200  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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 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**

TRADING SIGNAL LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/07/2016 and assigned  
Florida document number L17000053105.

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:

1560 Sawgrass Corporate Parkway, 4th Floor - Suite 477

(Principal office address MUST BE A STREET ADDRESS)

Sunrise, Florida, 33323

Enter new mailing address, if applicable:

1560 Sawgrass Corporate Parkway, 4th Floor - Suite 477

(Mailing address MAY BE A POST OFFICE BOX)

Sunrise, Florida, 33323

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

FOWLER WHITE BURNETT P.A. C/O LAURA ROSS

New Registered Office Address:

1395 BRICKELL AVENUE 14TH FLOOR

*Enter Florida street address*

MIAMI

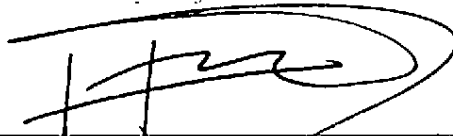
*City*

Florida

*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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ALESSANDRO BARROSO	1560 Sawgrass Corporate Parkway. <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Add
		4th Floor - Suite 477	<input type="checkbox"/> Remove
		Sunrise, Florida 33323	<input type="checkbox"/> Change
MGR	MARCELO TEIXEIRA PAIVA	11570 NW 128th	<input type="checkbox"/> Add
		Apt 101	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 OCT - 2 AM 7:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated SEPTEMBER 29<sup>TH</sup>, 2017

Signature of a member or authorized representative of a member

ALESSANDRO BARROSO

ALESSANDRO BARNESCO