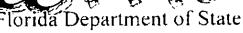
۱ې

Page 1 of 2



**Division of Corporations** Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000197763 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 : (323)962-8600 Phone Fax Number : (323)962-3889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DA TRADES LLC

Certificate of Status	U
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

90

Electronic Filing Menu

Corporate Filing Menu

Help

7/6/2018

## To: Page 3 of 6

## **COVER LETTER**

TO:	Registration Division of C			
erib ie		ADES LLC		
SUBJE	(. 8: <u>,</u> .	Name of Lir	nited Liability Company	
The enc	losed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please n	eturn all corre	spondence concerning this matter	r to the following:	
			Cheyenne Moseley	
			Name of Person .	<del></del>
			Lægalzoom.com, Inc.	Hand John
			Firm/Company	<u> </u>
		10	01 N. Brand Blvd., 11th Floor	
			Address	
			Glendale, CA 91203	211 Jill -b A 5: 45
		<del></del>	City/State and Zip Code	
			aquaman7579@yahoo.com	•
		E-mail uddress:	(to be used for future annual report not	ification)
For furt	her informatio	n concerning this matter, please	call:	
Che	yenne Mosel	<b>c</b> y	800 773-0888 e	ext. 9724
	Nan	ne of Person		te Telephone Number
Enclose	ed is a check fo	or the following amount:		
	.00 Filing Fee		\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Reg Div P.O	ILING ADDRESS: distration Section dision of Corporations Box 6327 dahassee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C	on trations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DA TRADES LLC			. ——
(Name of the Limited Liabili (A Florid	ity Company as it now appears on o a Limited Liability Company)	ur records.)	
he Articles of Organization for this Limited Liability C	Company were filed on 06/12/2	018	_ and assigned
lorida document number L18000144640	<u> </u>		
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the lim	ilted liability company here:		
e new name must be distinguishable and end with the words "Li	imited Liability Company," the design	nation "Lt.C" or the abb	eviation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDI	RESS)	7	
		<b>(</b> )	5
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX		<b>47.</b>	स् या
i. If amending the registered agent and/or regis	stered office address on our	records, enter th	e name of th
the state of the s	iress here:		
egistered agent and/or the new registered office and			
Name of New Registered Agent:			
	Erner Florida su	reet address	
	Fraer Florida st	reet address, Florida	Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to camply 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

Page 1 of 3

If smending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u> <u> </u></u>	Name	Address	Type of Action
AMBR	AnneMarie Kohler Adair	1273 Royal Oak Drive	🗆 Add
		Dunedin, FL 34698	<b>⊠</b> Remove
AMBR	AnneMarie Fredricks Kohler	1273 Royal Oak Drive	·Ef Add
		Dunedin, FL, 34698	Remove
			C C C
· 	·		
			Remove
			□ Remove
			Remove
			منيية بشمي جميس يكتبس فتنشب

D.	If ame	nding any other information, enter change(s) here: (Attach additional sheets,	if necessary.)	
	-			
E.	Effecti	ve date, if other than the date of filing:  ctive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 9  this document is filed by the Florida Department of State)	(optional) O days after	
		Signature of a member of authorized representative of a member		
		Daniel R. Adair	و.	
		Typed or printed name of signoc	## JUL -6 A 5: 45	· · · · · · · · · · · · · · · · · · ·

Page 3 of 3

Filing Fee: \$25.00