# 118000/6/7/1

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Only/State/Zip/ Hone #)
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2018 DEC 17 PH 4: 4: SECRETARY OF STATE TALLAHASSEE ESTATE

## **COVER LETTER**

Division of Corpor		÷	
SUBJECT:		Ec USA LLC ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are subr	nitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	G	ENE 5 GRIMI	<u> </u>
		betrade Libe VS	JA LLC
		22 NW 7 HS AV	<u>y</u>
	(	ONPE (ONM, City/State and Zip Code	FL 33993
-		621MM 24 @ 61 o be used for future annual report no	
For further information conc			
G. SCOTT  Name of Pe	6RIMM	at ( <u>239</u> ) <u>67</u> - Area Code Dayti	7 9 2 6 0 me Telephone Number
Enclosed is a check for the f	ollowing 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

thetradelife USA 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 7-03-2018 and assigned Florida document number L18000161711.
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:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the nev</u> registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adder or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	IVANN RUSABALL	1122 NW 745 AVE	🗅 Add
		CAPE WAR PL 33993	Remove
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(If an effect <u>Note:</u> If	e date, if other than the date of filing: 12-12-2018 (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuan the date inserted in this block does not meet the applicable statutory filing requirements, this date will not at's effective date on the Department of State's records.	t to 605.0207 (3)(b)
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 0th day after the record is filed.	earlier of:
Dated _	DECEMBER 12. 2018.	
	Signature of a member or authorized representative of a member	<del></del>
	GENE 5 GRIMM Typed or printed name of signee	<del></del>

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Filing Fee: \$25.00