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SECRETARY OF STATE DIVISION OF COMPORATIONS

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## **COVER LETTER**

TO:

го:	Registration Se Division of Cor			
2110 107		MERCH LLC		
SUBJEC	JI:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		TYLER PINCUS		
			Name of Person	<del></del>
		TRADER MERCH LLC		
			Firm/Company	
		445 TRESCA RD UNIT 20	02	
		JACKSONVILLE, FL 322	Address 25	
		TRADERMERCH@GMAI	City/State and Zip Code L.COM	
		E-mail address: (	to be used for future annual report noti	fication)
For furth	ner information c	oncerning this matter, please co	ill:	
TYLER	PINCUS		904 386-6783	
	Name o	f Person		e Telephone Number
Enclosed	I is a check for th	ne following amount:		
	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	on rations

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRADER MERCH LLC		
(Name of the Limited Liability Co. (A Florida Limi	mpany as it now appears on our records.) ted Etability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on 8/27/2018	and assigned
Florida document number L18000205050		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	ciability Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		18 S
Principal office address MUST BE A STREET ADDRESS	<u> </u>	SEP SEP
		<u> </u>
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		ည္ ခြင္
		<u> </u>
B. If amending the registered agent and/or registered	d office address on our records, g	enter the name of the i
registered agent and/or the new registered office address	<u>here</u> :	
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	, Florid	da

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	TYLER PINCUS	445 TRESCA RD STE 202	
		JACKSONVILLE, FL 32225	Add
	Therang		Remove
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n effe <u>ste:</u> - I	re date, if other than the date of filing:  8 27 2018 (optional)  ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Put the date inserted in this block does not meet the applicable statutory filing requirements, this date will not seffective date on the Department of State's records.		
The '	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on 90th day after the record is filed.	the ea	arlier d
ted_	September 9th, 2018  Japon Paly  Signature of a member or authorized representative of a member		
	Jame Pal,		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00