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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Tradersagency.com, 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:

Kelly D. Barnes, Esq.
Name of Person

Firm/Company

737 Pickfair Ter
Address

Lake Mary, FL 32746
City/State and Zip Code

ladyseminolelaw@gmail.com
E-mail address: (to be used for future annual report notification)

Further information concerning this matter, please call:

Kelly D. Barnes, Esq. at (386) 235-1485
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$5.00 Filing Fee

\$30.00 Filing Fee &
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\$55.00 Filing Fee &
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\$60.00 Filing Fee,
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(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

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 | Salesagency.com, LLC | 6526 Old Brick Rd., | <input type="checkbox"/> Add |
| | | Suite 120-121 | <input checked="" type="checkbox"/> Remove |
| | | Windermere, FL 34756 | <input type="checkbox"/> Change |
| MGR | Roth Consulting, LLC | 151 SE 3rd Avenue | <input checked="" type="checkbox"/> Add |
| | | Suite 417 | <input type="checkbox"/> Remove |
| | | Delray Beach, FL 33433 | <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 |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for amending information.

Effective date, if other than the date of filing: ~~1/8/2019~~ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
- The 90th day after the record is filed.

Dated January 8, 2019

Handwritten signature of Kelly D. Barnes

Signature of a member or authorized representative of a member

Kelly D. Barnes

Typed or printed name of signee