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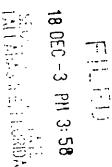
(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ity/State/Zip/Phone #	¥)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration Se Division of Cor		,	•
	Small Trade	es, LLC		
SUBJ	ECT:			
		Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Jay Wolman		
			Name of Person	
			Firm/Company	
		615 N. Victoria Park Rd		
			Address	
		Fort Lauderdale, FL 3330-	1	
		hiltonwolman@mac.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For fu	rther information c	oncerning this matter, please ca	all:	
Hiltor	a Wolman		954 980-9369	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
□ \$2	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



Small Trades, LLC

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

	, , , , , ,	10/10/A
The Articles of Organization for this Limited Liability Compar	ny were filed on 10/31/.	•
Florida document number 1.18000255754	-	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the design	ation "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		r records, <u>enter the name of the ne</u>
registered agent and/or the new registered office address he	<u>ere</u> :	
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida s	
	Enter Florida s	treet address
		Florida Zip Code
	Chu	
Non-Danistand Assets Circulation (Calculation Danistan LA	·	Zip Code
New Registered Agent's Signature, if changing Registered Agen	·	Zip Code

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>	Type of Action
MGR	Lee Anne Grove	615 N Victoria Park Rd, Fort Lauderdale, FL 33304	■ Add
			Remove
			Change
<u>_</u>			Add
			Demove P. T. Change
			الم Add بالم الم الم الم الم الم الم الم الم الم
			□ Change
			Add
			□ Remove
			☐ Change
			Add
			Remove
			□ Remove

				
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				PH 3: 55
				95. 58
	 			
	-			<u></u>
ffective date, if other than the date must	late of filing:	nt has region to shots of Cl	(op	otional)
lote: If the date inserted in this blococument's effective date on the Dep	ck does not meet t	he applicable statute	ory filing requirements, t	his date will not be listed as
ocument seriective date on the 17ep	autinent of state;	s records.		
e record specifies a delayed The 90th day after the reco	effective date, rd is filed.	but not an effe	ctive time, at 12:01	a.m. on the earlier o
November 30th	20	18		
		•		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00