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## **COVER LETTER**

Registration Section

TO:

Division	of Corp	orations		
Skill SUBJECT:	led Trade	s Marketing LLC	•	
, SOBJECT		Name of Lim	ited Liability Company	
The enclosed Arti	cles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all c	orrespon	dence concerning this matter	to the following:	
		Adam Garlington		
			Name of Person	<del></del>
		Skilled Trades	Marketing LLC	
			Firm/Company	
		1048 Marlin Lakes Cir Ap	Address	
		Sarasota, Florida 34232		
			City/State and Zip Code	<del></del>
		adamgarlingtonatx@gmail.d E-mail address: (	com to be used for future annual report	notification)
For further inform	nation cor	neerning this matter, please c	all:	
Adam Garlington			941 7359271 at ( )	
	Name of I	Person		ytime Telephone Number
Enclosed is a chec	k for the	following amount:		
<b>≡</b> \$25.00 Filing	Fee	S30.00 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)
<u>Mailing</u> Registra	_		Street Address Registration	<del></del>
_		rporations		Corporations
P.O. Bo	ox 6327			of Tallahassee
Tallaha	ssee, FI	_ 32314	2415 N. Mo	nroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now appears on our record Liability Company)	<u>5.</u> )		
were filed on 11/13/2018	and assigned		
oility company here:			
ility Company," the designation "LLC"	or the abbreviation "L.L.C."		
1048 Marlin Lakes Cir	207		
Apt 20110	2020 H.II		
Sarasota, FL 34232	R 20		
1048 Marlin Lakes Cir	P		
Apt 20110	-		
Sarasota, FL 34232	, -		
address on our records, <u>enter</u>	the name of the new registered		
Enter Florida street address	,		
City , F10	Zip Code		
<u>.</u>			
performance of my duties, an provided for in Chapter 605, I	d I am familiar with and F.S. Or, if this document is		
	Apt 20110 Sarasota, FL 34232  1048 Marlin Lakes Cir Apt 20110 Sarasota, FL 34232  address on our records, enter  Enter Florida street address , Flo		

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>	Address	Type of Action
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Effective date, if other than the difference of the date is listed, the date must be a listed. If the date inserted in this blood document's effective date on the Dep	ck does not meet the applic	cable statutory filing req	(optional) nan 90 days after filing.) Purs quirements, this date will i	uant to 605.0207 not be listed as
record specifies a delayed effective	date, but not an effective t	ime, at 12:01 a.m. on th	e earlier of: (b) The 90th	h day after the
rd is filed.	2020	·		
Dated March 16	<u> </u>	·		
Dated March 16	2020 Agnature of a member or auth		member	