# L2000031614H

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DATE:

11/2/20

NAME: FUTURES TRADING PRO LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: FUTURES TRADING PRO CLC  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:
PETE RENZULLI  Name of Person
Firm/Company
300 SCOTIA AUF #202
H4POLUXO FL 33462
City/State and Zip Code  Pete @ Stocktrading pro. (orn  E-mail address: (to be used for future arrival report notification)
For further information concerning this matter, please call:
PETE RENZULLI a1 (631) 804-4094
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

totules IRADING	PRO LLC.
(Name of the Limited Liability Compa (A Florida Limited L	inv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000 316144</u>	were filed on $10/6/2020$ and assigned
This amendment is submitted to amend the following:	·
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabili	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	PETE RENZULLI, MGR
(Principal office address MUST BE A STREET ADDRESS)	300 SCOTIA PRIVE HEZOZ
	HUPOLUXO FL 33 FZ 77
Enter new mailing address, if applicable:	-2 A
Mailing address MAY BE A POST OFFICE BOX	(Tes )
	<del></del>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	= - p code

#### 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 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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Filing Fee: \$25.00