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COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: MA	JOR Mone Mone of Limi	UES FX LL ited Liability Company	<u>(</u>	<u>. </u>
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	N.LO BE	Name of Person		
	Major Mon	Firm/Company	CLC	
	1125 NE 4º	4 PL Address		
	CORE CORAL,	FC 33909 City/State and Zip Code		
	E-mail address: (t	nike be o be used for future annual r	eport notification)	1E:COM
For further information con	acerning this matter, please ca	ill:		
Name of I	Person	at (<u>239</u>) Area Code	747-95 Daytime Telepho	e, C
Enclosed is a check for the	following amount:			
⅓ \$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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

(Name of the Limited Liability Company as it now appears on ou (A Florida Limited Liability Company)	ır records.)
The Articles of Organization for this Limited Liability Company were filed on	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
MEUER Stop Trading LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation	in with C" as the abbreviation of L C"
The new name must be distinguishable and contain the words "Limited Liability Company," the designation	ion "LLC" or the appreviation "L.L.C.
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	
Enternacy mailing address if applicable	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	To the state of th
Maning dadress MAT BLATOST OTTICE BOX	F
B. If amending the registered agent and/or registered office address on our records agent and/or the new registered office address here:	s, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address: Enter Florida stre	eet address
	, Fłorida
City	Zip Code

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
			□Add
			□Remove
			□Change
			□Add
			☐ Remove
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ective date, if other than the neffective date is listed, the date mi	ust be specific and	cannot be prior to	date of filing or mor	e than 90 days after fi	ling.) Pursuant to 605.02
te: If the date inserted in this becament's effective date on the	block does not m Department of Si	eet the applicabl late's records.	e statutory filing	requirements, this c	late will not be fisted
ecord specifies a delayed effecti	ive date, but not	an effective time	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after th
is filed.					
		2 (1) 2 3			
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ted <u>August 8</u>	, ,				
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