(Requ	estor's Name)		
(Addro	ess)		
(Addr	ess)		
(City/s	State/Zip/Phone	#)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			
A. LUNT			
· SEP 11 2012			
E)	XAMIN	ER	

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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: OPION TR Name of Foreign L	imited Liability Company		
Dear Sir or Madam:			
The enclosed Affidavit by Foreign Limited Managing Member(s) and fee(s) are submit	Liability Company to Change Manager(s) or tted for filing.		
Please return all correspondence concerning	g this matter to the following:		
Please return all correspondence concerning this matter to the following: PAUL T BEAVIN Name of Person			
Name of Person OPION TRADING, LLC Firm/Company 8615 COMMODITY CIRCLE #3 Address			
8615 COMMODITY CIRCLE #3			
City/State and Zip Code Preding Orion-trading net E-mail address: (to be used for future annual report notification)			
E-mail address: (to be used for future	annual report notification)		
For further information concerning this matter, please call:			
Paul Beavin at (407) 238-8922 Area Code and Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following am \$25 Filing Fee \$ Certificate of Status	ount: \$55.00 Filing Fee & \$60 Filing Fee, Certified Copy Certified Copy Certified Copy		

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

•	Department of State is: OR'ION T			
	Department of State is.	CHOING, LLC		
	2. This entity was formed under the laws of	CALIFORNIA TO		
	3. This entity was authorized to transact but and its Florida document/registration number			
	4. The name and address of each manager or managing member is as follows:			
	Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MDD	MGR APD	PAUL T. BEAVIN 8615 COMMODITY CIRCLE, SUITE 3		
XVETE	MGR	APNOLD VIDAILLET 3615 COMMODIN CITCLE SLIFE 3 DELANDO, FL 32819		
,				
	· ·			
	Required Signature: Signature of Manager	Managing Member or Member		

Filing Fee: \$25