

109000081786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

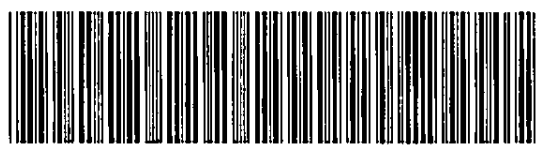
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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WILCOX

SAVAGE

Jasmine L. Ellis
(757) 628-5563
jellis@wilsav.com

88999.000

September 18, 2017

Via Federal Express

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Articles of Amendment to Articles of Organization of Trader Interactive, LLC

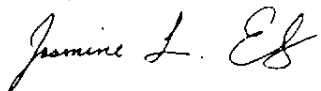
Dear Sir/Madam:

I have enclosed for filing in you offices the Articles of Amendment to the Articles of Organization of Trader Interactive, LLC, a Florida Limited Liability Company (Florida Document Number L09000081786).

Additionally, I have enclosed a check made payable to the Florida Department of State in the Amount of \$55.00 to cover (1) the filing fee for the Articles of Amendment to the Articles of Organization and (2) the return of a Certified Copy of the filed Articles. Please file the Articles and return the Certified Copy to my attention at Willcox & Savage, P.C., 440 Monticello Avenue, Suite 2200, Norfolk, Virginia 23510.

Thank you for your assistance with this matter. If you have any questions or require any additional information please contact me at (757) 628-5563.

Respectfully,



Jasmine L. Ellis

JE:

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11 11

Reply to Norfolk Office

440 MONTICELLO AVENUE SUITE 2200 NORFOLK, VA 23510 757.628.5500 FACSIMILE 757.628.5566
222 CENTRAL PARK AVENUE SUITE 1500 VIRGINIA BEACH, VIRGINIA 23462 757.628.5600 FACSIMILE 757.628.5659

WWW.WILCOXANDSAVAGE.COM

COVER LETTER

TO: Registration Section
Division of Corporations

Trader Interactive, LLC

SUBJECT: Trader Interactive, LLC

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:

Jasmine L. Ellis

Name of Person

Willcox & Savage, P.C.

Firm/Company

440 Monticello Avenue, Suite 2200

Address

Norfolk, VA 23510

City/State and Zip Code

jellis@wilsav.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jasmine L. Ellis

at (757) 628-5563

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$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

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F.T.

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Trader Interactive, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/24/2009 and assigned Florida document number L09000081786

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip 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 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>	<u>Type of Action</u>
Manager	Harsh Nanda	150 Granby Street	<input checked="" type="checkbox"/> Add
		Norfolk, VA 23510	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Manager	Bradley Gross	150 Granby Street	<input checked="" type="checkbox"/> Add
		Norfolk, VA 23510	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Manager	Virginie Morgon	150 Granby Street	<input checked="" type="checkbox"/> Add
		Norfolk, VA 23510	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Manager	Henri Domange	150 Granby Street	<input checked="" type="checkbox"/> Add
		Norfolk, VA 23510	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Manager	Eric Schaefer	150 Granby Street	<input checked="" type="checkbox"/> Add
		Norfolk, VA 23510	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Manager	James Franchi	150 Granby Street	<input checked="" type="checkbox"/> Add
		Norfolk, VA 23510	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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>	<u>Type of Action</u>
Manager	Charles Goodwyn	150 Granby Street	<input type="checkbox"/> Add
		Norfolk, VA 23510	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated _____

Signature of member or authorized representative of a member

Typed or printed name of signee

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