

8/15/22, 12:03 PM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L21000298153

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((H22000275260 3))



H220002752603ABC

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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : CONTADORMIAMI.COM INC
 Account Number : 120200000130
 Phone : (954)345-7888
 Fax Number : (786)713-1940

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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2022 Aug 15 11:2:01

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 TECTOTAL TRADE LLC

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Electronic Filing Menu

Corporate Filing Menu

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AUG 16 2022

K. Brumbley

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

TECTOTAL TRADE 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 06/28/2021 and assigned
Florida document number L21000296153

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 abbreviations "L.L.C."

Enter new principal offices address, if applicable:

66 West Flagler Street, Suite 900

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33130

Enter new mailing address, if applicable:

66 West Flagler Street, Suite 900

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33130

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

City

Florida

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

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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:

MGFR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	RENERIA TORRES, OSCAR A	66 West Flagler Street, Suite 800	<input type="checkbox"/> Add
		Miami, FL 33130	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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