

F220000004376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

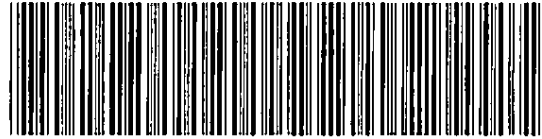
(Business Entity Name)

(Document Number)

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Amend

FILED  
2022 AUG 15 AM 11:20

FILED

2022 AUG 15 AM 11:20

RECEIVED

2022 AUG 15 PM 2:34

A. RAMSEY  
AUG 16 2022

LAW OFFICES  
**MICHAEL ORTIZ, P.A.**

1430 SOUTH DIXIE HIGHWAY  
SUITE 321  
CORAL GABLES, FLORIDA 33146

TELEPHONE (305) 665-5270  
FACSIMILE (305) 665-1112  
E-MAIL: lawortiz@aol.com

August 12, 2022

**By: Hand Delivered**

Amendment Section  
Division of Corporation  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**RE: Techtraders Inc.**  
**Client File No. 1117**

Dear Sir/Madam:

I am enclosing Articles of Amendment to amend the Articles of Incorporation of Techtraders Inc.

In addition, I have included a Michael Ortiz, P.A. check in the amount of \$35.00 for the processing of this Application.

Very truly yours,

MICHAEL ORTIZ, P.A.

A handwritten signature in black ink, appearing to be 'Michael Ortiz', written over a horizontal line.

MICHAEL ORTIZ, ESQ.



1563 CAPITAL CIRCLE SE  
TALLAHASSEE, FL 32301  
(850) 309-7225

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: TECHTRADERS INC.

Name of Corporation

DOCUMENT NUMBER: F22000004376

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL ORTIZ, ESQ.

Name of Contact Person

MICHAEL ORTIZ, P.A.

Firm/Company

1430 SOUTH DIXIE HIGHWAY, SUITE 321

Address

CORAL GABLES, FL 33146

City/State and Zip Code

lawortiz@aol.com

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

For further information concerning this matter, please call:

Michael Ortiz

at (

305

) 665-5270

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy

Mailing Address:

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

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

PROFIT CORPORATION  
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR  
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA  
(Pursuant to s. 607.1504, F.S.)

FILED

2022 AUG 15 AM 11:20

SECTION I  
(1-3 MUST BE COMPLETED)

F22000004376

(Document number of corporation (if known))

1. TECHTRADERS INC.  
(Name of corporation as it appears on the records of the Department of State)
2. Belize 3. 07/14/2022  
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II  
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? N/A
5. N/A  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

N/A

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

N/A

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent N/A

(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
DP	WINSTON LOPEZ	1430 SOUTH DIXIE HIGHWAY, STE 321	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33146	<input type="checkbox"/> Remove
D	COROMOTO BRICENO, NELLY	1430 SOUTH DIXIE HIGHWAY, STE 321	<input type="checkbox"/> Add
		CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Remove
D	NELLY COROMOTO BRICENO	1430 SOUTH DIXIE HIGHWAY, STE 321	<input checked="" type="checkbox"/> Add
	Last Name: Briceno	CORAL GABLES, FL 33146	<input type="checkbox"/> Remove
	First Name: Nelly		
	Middle Name: Coromoto		
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

MICHAEL ORTIZ

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)

FILING FEE \$35.00