

W9000083930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

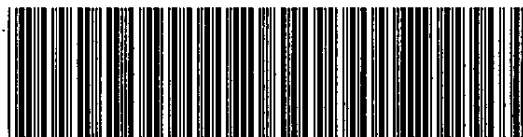
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 24 2016
D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TECH TRADERS 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:

DAVID C. PAGE

Name of Person

TECH TRADERS LLC.

Firm/Company

PO BOX 3284

Address

DELAND, FL 32721

City/State and Zip Code

NOJUMBIES@GMAIL.COM

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

For further information concerning this matter, please call:

DAVID C. PAGE

321 536-1912
at ()
Area Code Daytime Telephone Number

Name of Person

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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TALLAHASSEE, FLORIDA

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

TECH TRADERS 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 08/28/2009 and assigned
Florida document number L09000083930

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)

A BEAR WAREHOUSE #26

BUSINESS CENTER BLVD

MELBOURNE, FL 32921

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 3284

DELAND, FL 32721

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:

DAVID C. PAGE

New Registered Office Address:

724 LAKE WINNEMISSETT DR.

Enter Florida street address

DELAND

City

Florida 32724

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>
AMBR	KAREN H. PAGE	649 WOODBRIDGE DRIVE	<input type="checkbox"/> Add
		MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TAMELA G. LONG	PO BOX 3284	<input checked="" type="checkbox"/> Add
		DELAND, FL 32721	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
DIR	DAVID C. PAGE	PO BOX 3284	<input checked="" type="checkbox"/> Add
		DELAND, FL 32721	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
DIR	TAMELA G. LONG	PO BOX 3284	<input checked="" type="checkbox"/> Add
		DELAND, FL 32721	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
DIR	JONATHAN RORECH	PO BOX 3284	<input checked="" type="checkbox"/> Add
		DELAND, FL 32721	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Filing Fee: \$25.00