

LF50000019324

(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

OCT 30 2015

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 22, 2015

ALESSANDRO CIACCIO
1240 SOLITUDE LANE
SARASOTA, FL 34242

SUBJECT: A-TRADEX DEVELOPMENT L.L.C.
Ref. Number: L15000019324

We have received your document for A-TRADEX DEVELOPMENT L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a GENERAL PARTNERSHIP - GP, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 015A00022441

TO: Registration Section
Division of Corporations

SUBJECT: A-TRADEX DEVELOPEMENT 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:

ALEX CIACCIO
Name of Person

A-TRADEX DEVELOPEMENT LLC
Firm/Company

1240 SOLITUDE LANE
Address

SARASOTA FL 34242
City/State and Zip Code

ALEXCIACCIO1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEX CIACCIO at (703) 371-4638
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
PAID
- \$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

ARTICLES OF ORGANIZATION OF

A-TRADEX DEVELOPEMENT 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 2-2-15 and assigned Florida document number L35000019324.

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

FILED OCT 29 2015 11:53 AM SECRETARY OF STATE FLORIDA

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR AMBR	ANDREAS J TSIAOUSHIS	1240 SOLITUDE LANE CARASOTA FL 34242	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ADDRESS		<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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SECRETARY OF STATE
ALLIANCE OF FLORIDA
2015 OCT 29 A 11 53

