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K. SALY JAN -3 2017

COVER LETTER

TO: Registration Se Division of Cor			•••. •
SUBJECT:	Trade Tech	LLC	
		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Heid	Name of Person A Avena CPA Firm/Company	
		Name of Person	
	Lind	a M Avena CPA	PA
		Firm/Company	_
	2581 E	E Chestnut Ave 5	vite B
		Address	
	Vinel	and, NJ 08361	
1	Heidie E-mail address:	and, NJ 08361 City/State and Zip Code avenacpa. Com (to be used for future annual report notification)	ication)
For further information c	oncerning this matter, please c		
Heidi (Burke	at (<u>856</u>) <u>696-8</u> Area Code Daytime	7000
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

Zip Code

OF σ ¹ υξζ 30 ο
Trade Tech LLC Company as it now appears on our records.) (Name of the Limited Liability Company) (A Florida Limited Liability Company)
(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: Trade Tech of Florida LLC 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 ne registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
Florida

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.

City

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: FILED MGR = Manager 2016 DEC 30 PM 2: 27 AMBR = Authorized Member SECRE TARY OF STATE TALLAHASSEE, FLORIDA **Type of Action** <u>Title</u> <u>Name</u> **Address** □ Add ☐ Remove ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

	
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	TOSEE, LORIO
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Effective If an effecti	e date, if other than the date of filing: (optional) ive 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 605.020
Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
aocumeni	t's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o Oth day after the record is filed.
Dated	12 -27 , 2016.
	Reht Alux
	Signature of a member-or authorized representative of a member
	Robert M Ferruggia Typed or printed name of signee

...

Page 3 of 3

Filing Fee: \$25.00