L23000096464

(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)	
(Document Number)	
Certified Copies Certificates of Status	
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LLAHASSEE, FLORI

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COVER LETTER

TO:

erib ika		N TECH TRADE LLC		
Subtre	.l; <u></u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please re	eturn all correspo	indence concerning this matter	to the following:	
		VANESA CONSTANZIO	•	
Name of Person SYSTEM FAILURE INC.				
	Name of Person SYSTEM FAILURE INC Firm/Company 1730 MAIN STREET SUITE 226 Address WESTON , FL 33326 City/State and Zip Code			
			FECH TRADE LLC Name of Limited Liability Company Interded the following: VANESA CONSTANZIO Name of Person SYSTEM FAILURE INC Firm/Company 1730 MAIN STREET SUITE 226 Address WESTON , FL 33326 City/State and Zip Code vanesa@systemfailureusa.com E-mail address: (to be used for future annual report notification) cerning this matter, please call: at (
	Placed Articles of Amendment and fee(s) are submitted for filing. Perturn all correspondence concerning this matter to the following: VANESA CONSTANZIO Name of Person SYSTEM FAILURE INC Firm/Company 1730 MAIN STREET SUITE 226 Address WESTON , FL 33326 City/State and Zip Code vanesa@systemfailureusa.com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: 1 Constanzio 1 Constanzio 1 Constanzio 1 Source Code Verificate of Status Certificate of Status Certificate of Status Certificate of Status Street Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee			
			Name of Limited Liability Company and fee(s) are submitted for filing. eming this matter to the following: A CONSTANZIO Name of Person M FAILURE INC Firm/Company AIN STREET SUITE 226 Address ON , FL 33326 City/State and Zip Code systemfailureusa.com E-mail address: (to be used for future annual report notification) its matter, please call: 1954 1954 2954 394-9654 at (
		NATECH TRADE LLC Name of Limited Liability Company Tamendment and fee(s) are submitted for filing. undence concerning this matter to the following: VANESA CONSTANZIO Name of Person SYSTEM FAILURE INC Firm/Company 1730 MAIN STREET SUITE 226 Address WESTON . FL 33326 City/State and Zip Code vanesa@systemfailureusa.com E-mail address: (to be used for future annual report notification) concerning this matter, please call: of Person at (
			City/State and Zip Code	
		- ·		
	AMERICAN TECH TRADE LLC That of Limited Liability Company losed Articles of Amendment and fee(s) are submitted for filing. eturn all correspondence concerning this matter to the following: VANESA CONSTANZIO Name of Person SYSTEM FAILURE INC Fina/Company 1730 MAIN STREET SUITE 226 Address WESTON , FL 33326 City/Nate and Zip Code vanesa@systemfailureusa.com E-mail address: (to be used for future annual report notification) her information concerning this matter, please call: Constanzio Name of Person Area Code Daytime Telephone Number d is a check for the following amount: 1.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee			
For furth	ner information c	oncerning this matter, please c	all:	
Vanesa	Constanzio			
	Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed	d is a check for th	ne following amount:		
■ \$25.	.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
				ection
	Division of C	Corporations	Division of Cor	rporations
	Tallahassee	FT 37314	2415 N. Monro	se Street Suite 810

Tallahassee, FL 32303



August 1, 2023

VANESA CONSTANZIO

SUBJECT: AMERICAN TECH TRADE LLC

Ref. Number: L23000096464

We have received your document for AMERICAN TECH TRADE LLC 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 document must be signed by a member or an authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Letter Number: 223A00017274

Neysa Culligan Regulatory Specialist III

COVER LETTER

TO:

CUDIEC		N TECH TRADE LLC		
SUBJECT	· ·	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	indence concerning this matter	to the following:	
		VANESA CONSTANZIO	,	
Name of Person				
		SYSTEM FAILURE INC		
	Division of Corporations AMERICAN TECH TRADE LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. secretum all correspondence concerning this matter to the following: VANIESA CONSTANZIO Name of Person SYSTEM FAILURE INC Firm/Company 1730 MAIN STREET SUITE 226 Address WESTON . FL 33326 City/State and Zip Code vanesa(@systemfailureus.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: esa Constanzio Name of Person Area Code Daytime Telephone Number osed is a check for the following amount: \$25.00 Filing Fee \$ \$30.00 Filing Fee & Certificate of Status Certificate of Status Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee			
Firm/Company 1730 MAIN STREET SUITE 226 Address WESTON , FL 33326 City/State and Zip Code				
	AMERICAN TECH TRADE LLC Name of Limited Liability Company			
	AMERICAN TECH TRADE LLC Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: VANESA CONSTANZIO Name of Person SYSTEM FAILURE INC Firm/Company 1730 MAIN STREET SUITE 226 Address WESTON , FL 33326 City/State and Zip Code vanesa@system/failureusa.com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: a Constanzio at (Name of Person Name of Person Area Code Daytime Telephone Number ced is a check for the following amount: 15.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations			
			City/State and Zip Code	
	Division of Corporations AMERICAN TECH TRADE LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. secretum all correspondence concerning this matter to the following: VANESA CONSTANZIO Name of Person SYSTEM FAILURE INC Firm/Company 1730 MAIN STREET SUITE 226 Address WESTON , FL 33326 City/State and Zip Code vanesa@systemfailureus.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: esa Constanzio Name of Person Fermal address: (to be used for future annual report notification) further information concerning this matter, please call: esa Constanzio Name of Person Area Code vanesa@systemfailureus.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: esa Constanzio Area Code Daytime Telephone Number osed is a check for the following amount: \$25.00 Filing Fee \$\bigcite{Certificate of Status} \bigcite{Certificate of Status} Certificate of			
For further	r information c	oncerning this matter, please c	all:	
Vanesa C	onstanzio		954 594-9654	
-	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed i	s a check for th	ne following amount:		
■ \$25.0	0 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
				•
Ţ	`allahassee, l	FL 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2023 AUG -2 AM 10: 31

AMERICAN TECH TRADE LLC		- 7170.37			
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our recored Liability Company)	ds.)TALLAHASSEE, FLORIDA			
The Articles of Organization for this Limited Liability Compar					
Florida document number L23000096464					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lis	ability company here:				
The new name must be distinguishable and contain the words "Limited Lin	ability Company," the designation "LL	C" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	116*				
(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 offic agent and/or the new registered office address here:	e address on our records, <u>ente</u>	r the name of the new registere			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street addr	ess			
	, Florida				
	City	Zip Code			
New Registered Agent's Signature, if changing Registered Agen	nt:				
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple					

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>	Address	Type of Action
MGR	DIEGUEZ. DANIELA A	3801 AVALON PARK E BLVD FL 2 STE 217	🗆 🗖 Add
		ORLANDO F1. 32828	≅Remove
			□Change
MGR	TEAM USA CONSULTING LLC	1730 MAIN STREET SUITE 226	≅Add
		WESTON FL 33326	□Remove
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ote: If the date inserted in this	block does not meet	the applicat	date of filing c de statutory f	r more than 90 day iling requiremen	s aller filing.) is, this date v	Pursuum te vill not be	605,020 : listed a
ocument's effective date on the	Department of State	s records.					
record specifies a delayed effectis filed	tive date, but not an	effective tim	e, at 12:01 a.	n on the earlier	of: {b} The	90th day	after the
JULY 28		023					
arca							

Filing Fee: \$25.00

Typed or printed name of signee