

P040000013677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

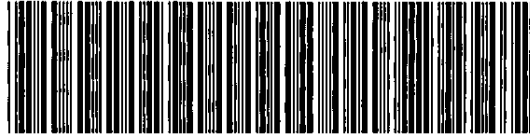
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600286696326

06/10/16--01020--031 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 JUN 10 P 12:06

FILED

JUN 15 2016  
910 ST. NO.

T. LEMIEUX



**TECHNOLOGY**  
Trade Group, Inc.

June 9, 2016

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
AMENDMENT SECTION  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: PROFIT ARTICLES OF AMENDMENT  
TECHNOLOGY TRADE GROUP, INC.  
DOCUMENT NUMBER: P04000013677

Florida Department of State,

This is to present before you Technology Trade Group's Articles of Amendment to AMEND the title of one of our officers as follows:

Officer Name	Current Title	Amend Title to:
Maria Moreno	Director (D)	Vice President (V)

We request your kind assistance in processing our request to that the Officers of the Corporation appear on Sunbiz.org as:


Officer/Director Detail:  
Name & Address

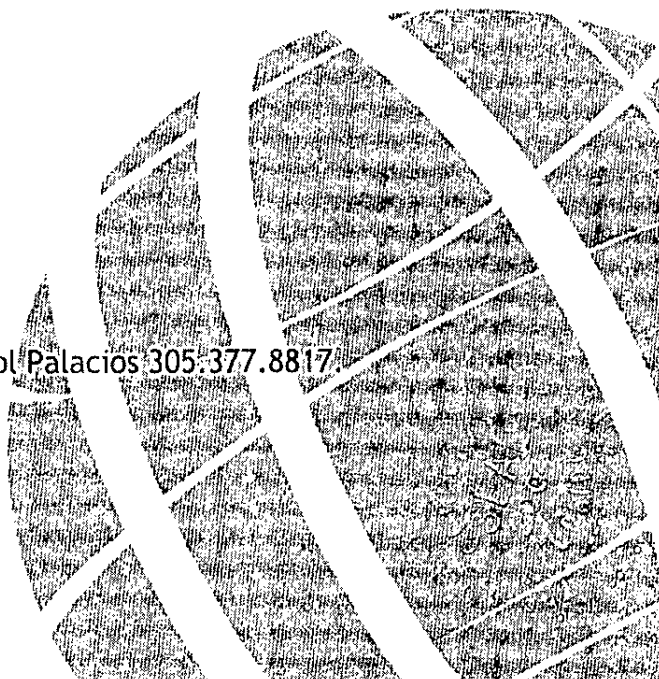
Title Vice President  
MORENO, MARIA  
1442 BISCAYNE BOULEVARD  
MIAMI, FLORIDA 33132

Title President  
Kamsteeg, Liz  
1442 Biscayne Boulevard  
Miami, Florida 33132

Should you need to contact us, please call Carol Palacios 305.377.8817.

Thank you for your time and consideration.

  
Maria Moreno  
Technology Trade Group



**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Technology Trade Group, Inc.

DOCUMENT NUMBER: P04000013677

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria Moreno  
Name of Contact Person  
Technology Trade Group, Inc.  
Firm/ Company  
1442 Biscayne Boulevard  
Address  
Miami, Florida 33132  
City/ State and Zip Code

carol.palacios@atlantisuniversity.edu  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Moreno at ( 305 ) 377 8817  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|---|---|--|--|

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

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Articles of Amendment  
to  
Articles of Incorporation  
of**

Technology Trade Group, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P04000013677

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

N/A

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
*(Principal office address MUST BE A STREET ADDRESS)*

N/A

**C. Enter new mailing address, if applicable:**  
*(Mailing address MAY BE A POST OFFICE BOX)*

N/A

**D. 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:* N/A \_\_\_\_\_, 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*

**FILED**  
2018 JUN 10 P 12:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**

*(Attach additional sheets, if necessary)*

*Please note the officer/director title by the first letter of the office title:*

*P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.*

*Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe. PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.*

**Example:**

Change                      PT      John Doe

Remove                      V      Mike Jones

Add                              SV      Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>D</u>	<u>Maria Moreno</u>	<u>1442 Biscayne Boulevard</u>
<input type="checkbox"/> Add			<u>Miami, Florida 33132</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>V</u>	<u>Maria Moreno</u>	<u>1442 Biscayne Boulevard</u>
<input checked="" type="checkbox"/> Add			<u>Miami, Florida 33132</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			



06 / 09 / 2016

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

06 / 09 / 2016

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

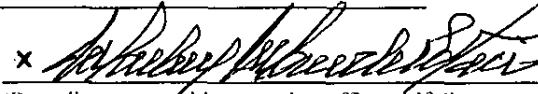
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval  
by \_\_\_\_\_"  
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 06 / 09 / 2016 \_\_\_\_\_

Signature x  \_\_\_\_\_

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MARIA MORENO

\_\_\_\_\_  
(Typed or printed name of person signing)

VICE PRESIDENT

\_\_\_\_\_  
(Title of person signing)