

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

P22000037636

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000192291 3)))



H220001922913ABC

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : INCFILE.COM LLC  
Account Number : I20220000070  
Phone : (888)462-3453  
Fax Number : (877)919-2613

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
AMERICAN TRADE SOLUTIONS INC.**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

FILED  
JUN -2 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FL

2022 JUN -2 AM 9:38

Electronic Filing Menu

Corporate Filing Menu

Help

(((H22000192291 3)))

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: AMERICAN TRADE SOLUTIONS INC.  
DOCUMENT NUMBER: P22000037636

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

Please return all correspondence concerning this matter to the following:

AMERICAN TRADE SOLUTIONS INC.  
\_\_\_\_\_  
Name of Contact Person  
  
\_\_\_\_\_  
Firm/ Company  
17350 STATE HWY 249 STE 220  
\_\_\_\_\_  
Address  
HOUSTON, TX 77064  
\_\_\_\_\_  
City/ State and Zip Code  
  
EFILE1234@INCFIL.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOVETTE DOBSON at ( 1 ) 888-462-3453  
\_\_\_\_\_  
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 &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

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

**Street Address**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

(((H22000192291 3)))

Articles of Amendment  
to  
Articles of Incorporation  
of

**FILED**

((H22000192291 3)))

2022 JUN -2 AM 11:06

AMERICAN TRADE SOLUTIONS INC.

SECRETARY OF STATE  
TALASHA SASSER, FL

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

P22000037636

(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:**

*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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_

**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 \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, 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*

**Check if applicable**

1 The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

((H22000192291 3)))

(((H22000192291 3)))

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:

X Change                      PT      John Doe

X Remove                      V      Mike Jones

X Add                              SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>X</u> Change	<u>D, P, S</u>	<u>KENT GROSSI</u>	<u>385 ASHBURY WAY</u>
<u>      </u> Add			<u>NAPLES, FL 34110</u>
<u>      </u> Remove			
2) <u>X</u> Change	<u>D, V</u>	<u>ZACH TOWERS</u>	<u>385 ASHBURY WAY</u>
<u>      </u> Add			<u>NAPLES, FL 34110</u>
<u>      </u> Remove			
3) <u>      </u> Change	<u>D, T</u>	<u>JOSHUA JAMES KESTNER</u>	<u>22260 FOUNTAIN LAKES BLVD</u>
<u>X</u> Add			<u>UNIT 227</u>
<u>      </u> Remove			<u>ESTERO, FL 33928</u>
4) <u>      </u> Change			
<u>      </u> Add			
<u>      </u> Remove			
5) <u>      </u> Change			
<u>      </u> Add			
<u>      </u> Remove			
6) <u>      </u> Change			
<u>      </u> Add			
<u>      </u> Remove			

(((H22000192291 3)))

**E. If amending or adding additional Articles, enter change(s) here:**  
(Attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

---

---

---

---

---

((H22000192291 3)))

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

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 incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ 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)

Dated 06/01/2022 \_\_\_\_\_

Signature Kent Grossi  
(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)

KENT GROSSI

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

PRESIDENT

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