

To: 9/10/24, 10:59 AM

Page: 1 of 6

2024-09-11 13:59:02 GMT

13056758465

From: Aimee Arenas

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.**

((H24000307807 3)))



H240003078073ABC+

**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 : EXPRESS BUSINESS & TAX SERVICES INC  
Account Number : I20220000138  
Phone : (786)239-9353  
Fax Number : (305)675-8465

**\*\*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  
APM TRADING INC**

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

RECEIVED  
2024 SEP 11 PM 12:07

2024 SEP 11 AM 9:28  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: APM TRADING INC

DOCUMENT NUMBER: P24000041299

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

Please return all correspondence concerning this matter to the following:

MD AKTARUZZAMAN

Name of Contact Person

APM TRADING INC

Firm/ Company

1810 SW 3RD ST

Address

MIAMI, FL 33135

City/ State and Zip Code

INFO@EXPRESSTAXSVCS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MD AKTARUZZAMAN

Name of Contact Person

at ( 954 )

864-9340

Area Code & Daytime Telephone Number

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

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

STATE OF FLORIDA  
TALLAHASSEE, FL

2024 SEP 11 AM 9:28

FILED

Articles of Amendment  
to  
Articles of Incorporation  
of

APM TRADING INC

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

P24000041299

(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)

5520 NW 17TH AVE

MIAMI, FL 33142

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

5520 NW 17TH AVE

MIAMI, FL 33142

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

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

FILED  
2024 SEP 11 AM 9:28  
CLERK OF STATE  
TALLAHASSEE, FL





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 09/11/2024

Signature Md Aktaruzzaman  
(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)

MD AKTARUZZAMAN

(Typed or printed name of person signing)

P

(Title of person signing)

FILED  
2024 SEP 11 AM 9:28  
SECRETARY OF STATE  
TALLAHASSEE, FL