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(((H240003078073)))



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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.\*\*

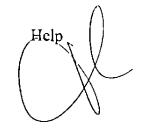
| Cm-41 | Address: |  |  |  |
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## COR AMND/RESTATE/CORRECT OR O/D RESIGN APM TRADING INC

| Certificate of Status | 0       |
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| Certified Copy        | 0       |
| Page Count            | 06      |
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Corporate Filing Menu



## **COVER LETTER**

| TO: Amendment Se<br>Division of Cor |   |  |   |                      |
|-------------------------------------|---|--|---|----------------------|
| NAME OF CORPO                       | ORATION: APM TRADING                        | INC  |   |                      |
|                                     | 1BER:                                       |  |   |                      |
|                                     | es of Amendment and fee are su              | obmitted for filing  |   |                      |
|                                     | respondence concerning this ma              | · ·  |   |                      |
| r lease return an con               | respondence concerning this in:             | itter to the following:  |   |                      |
|                                     | MD AKTARUZZAMAN                             |  |   |                      |
|                                     | _   | Name of Contact Perso  | n   |                      |
|                                     | APM TRADING INC                             |  |   |                      |
|                                     |   | Firm/ Company  |   |                      |
|                                     | 1810 SW 3RD ST                              |  | <u> </u>  | 20                   |
|                                     |   | Address  |   | 24 S                 |
|                                     | MIAMI, FL 33135                             |  |   | FI P                 |
|                                     |   | City/ State and Zip Cod  | e   |                      |
|                                     | INFO@EXPRESSTAXSVC                          | S.COM  |   | SS\<br>{ 0 }<br>}    |
|                                     | E-mail address: (to be u                    | sed for future annual report                                     | notification)   | in si                |
| For further informati               | ion concerning this matter, plea            | se call:   |   | 2024 SEP 11 AM 9: 28 |
| MD AKTARUZZA                        | MAN   | 954  | 864-9340  |                      |
| Name                                | e of Contact Person                         | Area Co  | ) 864-9340<br>de & Daytime Telephone Number   | <del></del>          |
| Enclosed is a check i               | for the following amount made               | payable to the Florida Dep                                       | artment of State:   |                      |
| ■ \$35 Filing Fee                   | □\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |                      |
|                                     | niling Address                              | Street   | Address   |                      |
|                                     | nendment Section                            | Amendment Section  |   |                      |

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

APM TRADING INC

## Articles of Amendment to Articles of Incorporation of

| (Name of Corporation as current  | tly filed with the Florida Dept. of State)       |   | _         |  |  |
|--|--|---|-----------|--|--|
| P24000041299   |  |   |           |  |  |
| (Document Number of  | of Corporation (if known)                        | <del></del>                                       |           |  |  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:  | Florida Profit Corporation adopts the fo         | ollowing amendme                                  | ent(s) to |  |  |
| A. If amending name, enter the new name of the corporation:  |  | _   |           |  |  |
| name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.  | A professional corporation name must             | The new<br>reviation "Corp.,'<br>contain the word | •         |  |  |
| B. Enter new principal office address, if applicable:  | 5520 NW 17TH AVE                                 |   |           |  |  |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )  | MIAMI, FL 33142                                  |   |           |  |  |
|  |  | 2   |           |  |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | 5520 NW 17TH AVE                                 | DZ4 SEF   | 2 page    |  |  |
|  | MIAMI, FL 33142                                  | AHA   | -         |  |  |
| D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address   |  | AH 9: 28  | Ö         |  |  |
| Name of New Registered Agent   |  |   |           |  |  |
| (Florida si  | rcet address)                                    | <del></del>                                       |           |  |  |
| New Registered Office Address:   | Florida  |   |           |  |  |
| The state of the s | (City)   | (Zip Codc)  |           |  |  |
|  |  |   |           |  |  |
| New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar   | t:<br>with and accept the obligations of the pos | sition.   |           |  |  |
| Signature of New I   | Registered Agent, if changing                    | <del></del>                                       |           |  |  |
| Check if applicable  The amendment(s) is/are being filed pursuant to s. 607.0120 (11)  |  |   |           |  |  |

To:

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:

13056758465

(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                      | <u>PT</u> | John Doe     |           |
|-------------------------------|-----------|--------------|-----------|
| X Remove                      | <u>v</u>  | Mike Jones   |           |
| _X Add                        | <u>sv</u> | Sally Smith  |           |
| Type of Action<br>(Check One) | Title     | <u>Name</u>  | Address   |
| 1)Change                      |           |              |           |
| Add                           |           |              | <u></u>   |
| Remove                        |           |              |           |
| 2) Change                     |           | _            | 2024 SEP  |
| Add                           |           |              |           |
| Remove Change                 |           |              | A Sycon R |
| Add                           |           |              |           |
| Remove                        |           |              |           |
| 4) Change                     |           |              |           |
| Add                           |           |              |           |
| Remove                        |           |              | ·         |
| 5) Change                     | _         |              | -         |
| Add                           |           |              |           |
| Remove                        |           |              |           |
| δ) Change                     |           | <del>-</del> |           |
| Add                           |           |              |           |
| Remove                        |           |              |           |

| E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific) |                    |             |
|--|--------------------|-------------|
| (See appendix)   |                    |             |
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| f. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,                             | ALLY OF<br>ALLY OF |             |
| provisions for implementing the amendment if not contained in the amendment itself:  |                    | ے م         |
| (if not applicable, indicate N/A)  |                    | )<br>20     |
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| The date of each amend date this document was s    | ment(s) adoption:, if other than the igned.  |
|--|--|
| Effective date if applica                          | hle:   |
| Effective vate in applica                          | (no more than 90 days after amendment file date)   |
| Note: If the date inserte document's effective dat | d in this block does not meet the applicable statutory filing requirements, this date will not be listed as the on the Department of State's records.  |
| Adoption of Amendmen                               | t(s) (CHECK ONE)   |
| ■ The amendment(s) wa action was not require       | s/were adopted by the incorporators, or board of directors without shareholder action and shareholder d.   |
| ☐ The amendment(s) was by the shareholders w       | s/were adopted by the shareholders. The number of votes cast for the amendment(s) ras/were sufficient for approval.  |
| ☐ The amendment(s) wa<br>must be separately pr     | s/were approved by the shareholders through voting groups. The following statement ovided for each voting group entitled to vote separately on the amendment(s):   |
| "The number of                                     | votes east for the amendment(s) was/were sufficient for approval   |
| by   | n e  |
| ,  | (voting group)   |
| Dated_   | 09/11/2024   |
| Signati  | reMd 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 28   |
|  | (Title of person signing)  |