

9/11/23, 1:16 PM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

M22000000725

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.

(((H23000318983 3)))



H230003189833ABC4

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)617-6383

From:
 Account Name : BUSINESS FILINGS
 Account Number : 105256001620
 Phone : (608)827-5300
 Fax Number : (608)827-5501

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

Email Address: Kshareef.gf@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 AMERICAN TECHNOLOGY DISTRIBUTING COMPANY LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

2023 SEP 11 PM 2:41

DIVISIONS

2023 SEP 11 AM 9:59

Electronic Filing Menu

Corporate Filing Menu

Help DEUX

SEP 13 2023

H23000318983 3

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: AMERICAN TECHNOLOGY DISTRIBUTING COMPANY LLC

Enter new principal office address, if applicable. 4201 62nd Ave N
Suite 8
Pinellas Park, Florida 33781
(Principal office address)
MUST BE A STREET ADDRESS

Enter new mailing address, if applicable. 4201 62nd Ave N
Suite 8
Pinellas Park, Florida 33781
(Mailing address)
MAY BE A POST OFFICE BOX

2. The Florida document number of this limited liability company is: M22000000725

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 1/13/2022

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida Street Address

City Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and 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

2023 SEP 11 AM 9:59

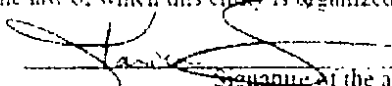
H23000318983 3

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change.

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Member</u>	<u>Shareef, Kasiem</u>	<u>484 Aberdeen Dr</u>	<input type="checkbox"/> Add
		<u>Stone Mountain, GA 30083</u>	<input checked="" type="checkbox"/> Remove
<u>Member</u>	<u>Kasiem Shareef</u>	<u>4201 62nd Ave N, Suite 8</u>	<input checked="" type="checkbox"/> Add
		<u>Pinellas Park, Florida 33781</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized



Signature of the authorized representative

Kasiem Shareef, Member

Typed or printed name of signer

Filing Fee: \$25.00