

U3000014582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

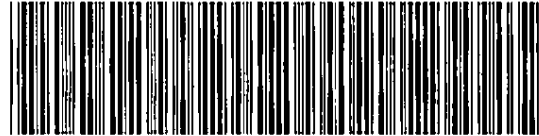
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/04/18--01050--006 **180.00

2018 OCT 15 PM 3:40
SECRETARY OF STATE
RECEIVED

FILED

M. MILLIGAN

OCT 18 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 15, 2018

SOFTVISION LLC
ATTN: JAMILIA SMITH
1349 W PEACHTREE ST, STE 1375
ATLANTA, GA 30309

SUBJECT: HOTCAKES COMMERCE LLC
Ref. Number: L13000014582

We have received your document for HOTCAKES COMMERCE LLC and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 518A00019260

2018 OCT 15 AM 10:15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOTCAKES COMMERCE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMILIA SMITH

Name of Person

SOFTVISION LLC

Firm/Company

1349 W PEACHTREE STREET, STE 1375

Address

ATLANTA, GA 30309

City/State and Zip Code

jamilia.smith@softvision.com

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

For further information concerning this matter, please call:

Jeanne Ellen Gulasarian

610 247-2974
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

HOTCAKES COMMERCE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2018 OCT 15 PM 3:46
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on JANUARY 28, 2013 and assigned
Florida document number L13000014582.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1349 W PEACHTREE STREET, STE 1375

ATLANTA, GA 30309

B. If amending the registered agent and/or registered office 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:

CORPORATION SERVICE COMPANY

New Registered Office Address:

1201 HAYS STREET

Enter Florida street address

TALLAHASSEE

City

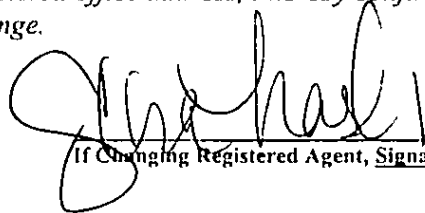
, Florida 32301

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.

Gloria Nash
Assistant VP



If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	ANDRES ANGELANI	1349 W PEACHTREE STREET, STE 1375	<input checked="" type="checkbox"/> Add
		ATLANTA, GA 30309	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CFO	THOMAS DELBROOK	1349 W PEACHTREE STREET, STE 1375	<input checked="" type="checkbox"/> Add
		ATLANTA, GA 30309	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
SECRE	JAMILIA SMITH	1349 W PEACHTREE STREET, STE 1375	<input checked="" type="checkbox"/> Add
		ATLANTA, GA 30309	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MORGAN, RYAN	319 CLEMATIS STREET, SUITE 502	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RODILA, PAUL	319 CLEMATIS STREET, SUITE 502	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	RODILA, PAUL		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)


(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 10/11, 2017


Signature of a member or authorized representative of a member

Janulia Smith
Typed or printed name of signee

Janulia Smith
Typed or printed name of signer

Typed or printed name of signee

2010 OCT 15 FRI 3:11
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