

Mar. 16. 2016 4:16 PM  
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Division of Corporations

8889

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# Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : AT PLUS CORP  
Account Number : I20140000060  
Phone : (305)406-3800  
Fax Number : (305)406-3999

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

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MULTIPLUS COMMERCE LLC

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Corporate Filing Menu

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

MULTIPLUS COMMERCE LLC

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

The Articles of Organization for this Limited Liability Company were filed on FLORIDA and assigned Florida document number L16000051231

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)

~~\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_~~

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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

~~\_\_\_\_\_  
Enter Florida Street address  
\_\_\_\_\_  
\_\_\_\_\_, Florida \_\_\_\_\_  
City 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

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>
MGR	FERNANDO BERTRAND	2141 NW 79 AVE	<input type="checkbox"/> Add
		MIAMI FL 33122	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANTONIO VALENT SOARES	2141 NW 79 AVE	<input checked="" type="checkbox"/> Add
		MIAMI FL 33122	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

15 MAR 15 11:59 AM  
 MIAMI FLORIDA  
 33122

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

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**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

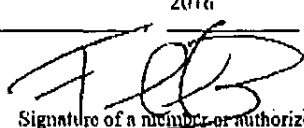
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 03/16 2016



Signature of a member or authorized representative of a member

**FERNANDO BERTRAND**

Typed or printed name of signee