

L17000235471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

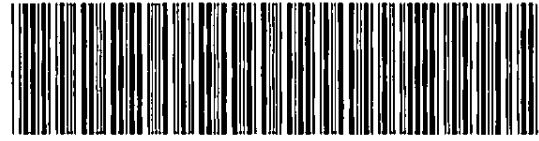
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALLUSA 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:

DIEGO MOREIRA BRITTO

Name of Person

Firm/Company

2071 W ATLANTIC BLVD APT 208

Address

POMPANO BEACH - FLORIDA 33069

City/State and Zip Code

PRIMEINCOMETAXI@GMAIL.COM

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

For further information concerning this matter, please call:

DIEGO MOREIRA BRITTO at (561) 409-3106

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**

ALLUSA 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 11-14-2017 and assigned Florida document number L17000235471.

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:

23257 STATE ROAD 7, SUITE 212

(Principal office address MUST BE A STREET ADDRESS)

BOCA RATON - FLORIDA 33428

Enter new mailing address, if applicable:

12257 STATE ROAD 7, SUITE 212

(Mailing address MAY BE A POST OFFICE BOX)

BOCA RATON - FLORIDA 33428

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	RUBENS A SANTOS	2071 W ATLANTIC BLVD. APT 208 POMPANO BEACH - FL 33069	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	ROBERTO G DE AGUIAR FILHO	2071 W ATLANTIC BLVD. APT 208 POMPANO BEACH - FL 33069	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	ANDRE ALEXANDRE DE SIMONE ALONSO	1012 WASHINGTON ST. APT 02 HOBOKEN - NJ 07030	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

ST. JOHNS COUNTY
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*
 PLEASE CHANGE THE COMPANY ADDRESS AND REMOVE THE MGR RUBENS A SANTOS AND

 MGR ROBERTO G DE AGUIAR FILHO.

 AND PLEASE ADD THE MGR ANDRE ALEXANDRE DE SIMOES ALONSO.

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 NOVEMBER 12 _____, 2018

 Signature of a member or authorized representative of a member

DIEGO MOREIRA BRITTO

 Typed or printed name of signer

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 STATE OF CALIFORNIA
 DEPARTMENT OF STATE