## 307404

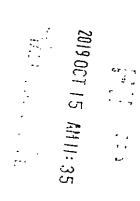
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Section 18

## **COVER LETTER**

COMMERC	DIAL WAREHOUSING, INC.		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	MARK MANGEN		
		Name of Person	
	STRAUGHN & TURNER	, P.A.	
		Firm/Company	
	255 MAGNOLIA AVENU	JE, S.W.	
		Address	·
	WINTER HAVEN, FL 333	880	
	MMANGEN@STRAUGH	City/State and Zip Code NTURNER.COM	
	E-mail address: (	to be used for future annual report notifi	ication)
for further information ce	oncerning this matter, please ca	all:	
MARK MANGEN		863 293-1184 at ( )	
Name of	Person	Area Code Daytime	Telephone Number
inclosed is a check for the	e 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

Registration Section

**Division of Corporations** 

TO:

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 ARTICLES OF ORGANIZATION **OF**

( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) I Liability Company)			
he Articles of Organization for this Limited Liability Comparorida document number $\frac{307404}{2}$ .	y were filed on 5/1/1995	an	d assigi	ned
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited lia	bility company here:			
ne new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or t	the abbreviation	on "L.1C	
nter new principal offices address, if applicable:	100 INDUSTRIAL BLVD.	r	_2_	
Principal office address MUST BE A STREET ADDRESS)	WINTER HAVEN, FL 33880	.5.	130 61	
			)CT	1
			5	-
nter new mailing address, if applicable:	100 INDUSTRIAL BLVD.		<u> </u>	
lailing address MAY BE A POST OFFICE BOX)	WINTER HAVEN, FL 33880	· -	<del>=</del>	
			35	
Mailing address MAY BE A POST OFFICE BOX)		nter the n		
<ol> <li>If amending the registered agent and/or registered egistered agent and/or the new registered office address he</li> </ol>				
gistered agent and/or the new registered office address he	<u>ere</u> :			
gistered agent and/or the new registered office address he  Name of New 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>	Type of Action
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12 - 12 <i>4</i> 4	at an illustrate to a share a share a share a	. data of filings		(optional)	
(If an e <u>Note</u> :	tive date, if other than the ffective date is listed, the date mug. If the date inserted in this benent's effective date on the L	st be specific and cannot be plock does not meet the ap	plicable statutory filin	ore than 90 days after filing.) Pu	rsuant to 605.0207 (3) I not be listed as the
If the re (b) The	ecord specifies a delaye e 90th day after the rec	d effective date, but cord is filed.	not an effective t	ime, at 12:01 a.m. on	the earlier of:
Dated	I OCTOBER 11	, 2019	·		
	2	_			
		Signature of a member or a			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00