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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

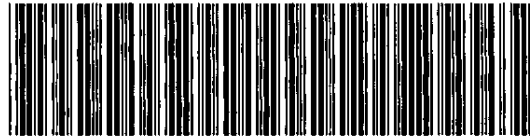
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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APR 17 2015

APR 17 2015  
S. YOUNG

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Commerce2america 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:

Alejandro Perez

Name of Person

Commerce2america LLC

Firm/Company

9990 NW 14th Street, Suite 110

Address

Doral, FL 33172

City/State and Zip Code

aperez@eshopex.com

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

For further information concerning this matter, please call:

Alejandro Perez

786 9996466

Name of Person

at ( )

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

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NOV 30 PM 4:45

Commerce2america LLC

Page 1 of 3

**If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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FILED  
 2023  
 JUN 13  
 10 30 AM  
 2023  
 JUN 13  
 10 30 AM

**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)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 27th, 2015.

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Alejandro Perez

\_\_\_\_\_  
Typed or printed name of signee

FILED  
MAR 30 PM 4:05  
CLERK OF COURT  
CLERK OF COURT