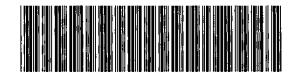
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S. YOUNG

COVER LETTER

TO: Registration Se Division of Cor				
	ce2america LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Alejandro Perez			
		Name of Person		•
	Commerce2america	LLC		
		Firm/Company		
	9990 NW 14th Stree	et, Suite 110		7.71
	······································	Address		
	Doral, FL 33172			17.17.70 17.7.70 17.7.70 17.7.70 17.7.70 17.7.70 17.7.70 17.7.70 17.7.70 17.7.70 17.7.70 17.7.70 17.7.70 17.7.70 17.7.70 17.7.70 17.
		City/State and Zip Code		- 107 F
	aperez@eshopex.co			
		to be used for future annual report notific	cation)	
For further information of	concerning this matter, please ca	all:		
Alejandro Perez		786 9996466		
Name o	f Person		Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building	I	

Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Commerce2america LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
	A	
The Articles of Organization for this Limited Liability Comp	any were filed on August 19th, 2005	and assigned
Florida document number L05000082556		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
ESHOPEX LLC		
The new name must be distinguishable and end with 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	2	
		77
		7.
Fatou any mailing address if applicables		10 11 11 11 11 11 11 11 11 11 11 11 11 1
Enter new mailing address, if applicable:		- F - m
(Mailing address MAY BE A POST OFFICE BOX)		
		The state of the s
B. If amending the registered agent and/or registered		the name of the n
registered agent and/or the new registered office address	<u>nere</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
HOW REGISTER COMMON REGISTER.	Enter Florida street address	
	, Florida	
		Zin 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 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 = Ma AMBR = Au	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			<u>,</u>
	ALE ALE ALE		
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amending any other information	on, enter change(s) here: (Attach ada	itional sheets, if necessary.,
<u></u>		
		
ective date, if other than the d	ate of filing:	(optional)
effective date must be specific, cannot date this document is filed by the Flori	ate of filing:	ot be more than 90 days after
March 27th	2015	,
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		M
S	gnature of a member or authorized representat	ive of a member
Alaiandra Daraz		
Alejandro Perez		

Page 3 of 3

Filing Fee: \$25.00