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21 00T 15 FHI2: 20

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor				
	s Commercial Floor Group, LL			
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Crystal Ruth Padilla			
		Name of Person	-	
	Mercenaries Commercial F	Hoor Group, LLC		
		Firm/Company		
	5026 Oakfield Circle			
		Address		
	Dade City, Florida, 33523			
		City/State and Zip Code		
	mercenaries1975@gmail.co			
		to be used for future annual report no	tilication)	
For further information c	oncerning this matter, please ca	all:		
Crystal Padilla		352 457-5235 at ()		
Name o	d Person	at () Area Code Daytic	me Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filling 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 coclosed)	
<u>Mailing Address:</u> Registration Section		Street Address: Registration S	ection	
Division of Corporations		Division of Corporations		
P.O. Box 632			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

21 00T 15 PH 12: 20

Mercenaries Commercial Floor Group, 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 $\frac{01/16/2007}{1}$ and assigned Florida document number 1.07000005578 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 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 dutier, 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 $\mathcal{L}_{\mathrm{AdS}} = \{ \begin{array}{ccc} \mathrm{AdS} & \mathrm{AdS} & \mathrm{AdS} \\ \mathrm{AdS} & \mathrm{AdS} & \mathrm{AdS} \end{array} \}$

21 007 15 PH12: 20 Type of Action Address <u>Title</u> <u>Name</u> 5026 Oakfield Circle Ralph Robert Padilla MGR ≣Add Dade City, Florida, 33523. ____ 🗆 Remove ______ 🗆 🖂 Add _____ □Remove _____ □Remove _____ □ Change _____ □Remove ☐ Change _____ □Remove ___ Change □Remove _____ □Change

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