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(Requestor's Name)	-		
(Address)	-		
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(City/State/Zip/Phone #)	-	ļ [
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SECRETARY OF STATE OF CORPORATIONS

T. HAMPTON

JUL - 8 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: e COMMERCE SOLUTIONS, ULC							
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:							
CHADley W. Clements							
CHADley W. Clements Name of Person Commerce Solutions, LLC 3270 SUNTINE BLVD SK 125 Firm/Company							
Me/BULL FL 32940							
Address							
City/State and Zip Code/ CWC/EM34@A01.Com							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
HADLEY W. Cleve J3 Name of Person at (34) 750.3333 Area Code & Daytime Telephone Number							
Name of Person Area Code & Daytime Telephone Number							
Enclosed is a check for the following amount:							
\$25.00 Filing Fee \$\ \times \text{S55.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	d)						

MAILING ADDRESS:

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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

0	F 3 \(\frac{1}{2}\overline{2}\)
e Commerce Solv	HONS LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>LOSOUO 79570</u> .	were filed on 8/19/08 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limi "L.L.C."	
Enter new principal offices address, if applicable:	3270 SUNTREE BLVD STE 119
(Principal office address MUST BE A STREET ADDRESS)	3270 SUNTREE BLUD STE 119 NELBURNEFL 32940
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	(Same AS ABOVE)
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida

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 608, 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.

City

Zip Code

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = 1 MGRM :	Manager = Managing Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
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			AddRemove
			Damaria
			77n
		enter change(s) here: (Attach additional sheets, if neces	SECRETARY OF STATE DIVISION OF CORPORATIONS 09 JUL - 7 AN II: 42
Dated <u> </u>	June 30		
	Signature	of a member or authorized representative of a member CHOIS W. CleWNTS	
	<u></u>	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00