

L13000055604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

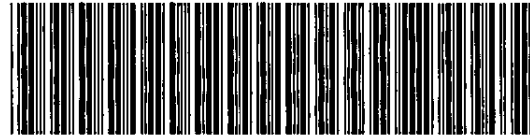
(Business Entity Name)

(Document Number)

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13 DEC 16 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FL 32399

APPROVED
AND
FILED

C. LEWIS
DEC 17 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **MCM COMMERCE GROUP, 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:

GUSTAVO ALARCON

Name of Person

MCM COMMERCE GROUP

Firm/Company

1468 VERACRUZ LN

Address

WESTON FLORIDA 33327

City/State and Zip Code

GALARCON.GOGROUP@GMAIL.COM

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

For further information concerning this matter, please call:

GUSTAVO ALARCON

Name of Person

at (**954**) **5659800**

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)

Check # 596

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
TO
ARTICLES OF ORGANIZATION
OF**

APPROVED
AND
FILED
13 DEC 16 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MCM COMMERCE 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 04/16/2013 and assigned
Florida document number L13000055604.

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 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)

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

_____, Florida _____
City Zip 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 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.

If Changing Registered Agent, Signature of New Registered Agent

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 = Manager

MGRM = Managing Member

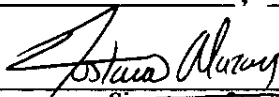
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PAOLA RAMIREZ	1468 VERACRUZ LN WESTON FL 33327	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	PAOLA P RAMIREZ	1468 VERACRUZ LN WESTON FL 33327	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	GUSTAVO ALARCON	14680 VERACRUZ LN WESTON FL 33327	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	GUSTAVO G ALARCON	1468 VERACRUZ LN WESTON FL 33327	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

WE NEED TO REMOVE SR FROM GUSTAVO ALARCON, AND MS FROM PAOLA RAMIREZ.

CHANGE IT TO MR GUSTAVO ALARCON AND MRS PAOLA RAMIREZ.

Dated DECEMBER 10, 2013



Signature of a member or authorized representative of a member

Gustavo Alarcon

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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