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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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AMG - 2 AMB S. PRATHER

COVER LETTER

TO:

Registration Section Division of Corporations

	OMMERO	CIAL ENTERPRISE B & P LI	I.C	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed Ar	ticles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all	correspo	ndence concerning this matter	to the following:	
		GABINO PORTO		
			Name of Person	
		COMMERCIAL ENTERI	PRISE B & P LLC	
			Firm Company	
		1800 SW 1ST ST SUITE	216	
			Address	
		MIAMUFL 33135		
			City State and Zip Code	
		ZUSELL PORTO@ GMAI		
			to be used for future annual report not	ification)
For further infor	mation ce	oncerning this matter, please co	all:	
GABINO PORT	ľÓ		786 380 9736	
	Name of	Person	at () Area Code ——Daytin	ne Telephone Number
Enclosed is a che	eck for th	e following amount:		
■ \$25.00 Filing	g 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)
	Registra Divisio P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssec, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co	on rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COMMERCIAL ENTERPRISE B & P LLC

(Name of the Limited Liab) (A Florid	ility Company as it now appears on our records.) da Limited Liability Company)	· co
The Articles of Organization for this Limited Liability	Company were filed on 10/25/2013	and assigned
Florida document number L13000150924	·	27
This amendment is submitted to amend the following:		<u> </u>
A. If amending name, enter the new name of the lir	mited liability company here:	- 0 - i
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		enter the name of the new
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	GABINO PORTO	1021 NW 23 CT	∃ Add
		MIAMI FL 33125	☐ Remove
			☐ Change
			Remove
			☐ Change
			☐ Remove
			□ Change
			Remove
			Change
			□ Remove
			Change
			☐ Remove
			☐ Change

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Filing Fee: \$25.00