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COVER LETTER

Tallahassee, FL 32314

TO:	Registration Se Division of Cor			· ·
eunie		MMERCIAL PRODUCTS LL	С	•
SUBJE	C1:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		ANA LIDIA MONTERO		
			Name of Person	
			Firm/Company	
		666 NW 114TH AVENUE	E APT 201	
			Address	
		MIAMI, FL 33172-3569		
			City/State and Zip Code	
		analidia13@hotmail.com	to be used for future annual report	t notification)
For furtl	her information c	oncerning this matter, please co		
ANA L	IDIA MONTERO)	786 486-406	7
	Name o	f Person		tytime Telephone Number
Enclose	d is a check for th	ne following amount:		
■ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Addres	
	Registration S Division of C		Registration Division of	Section Corporations
	DIVISION OF C			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A & M COMMERCIAL PRODUCTS LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our recornited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Com	pany were filed on 05/23/2014	and assigned
Florida document number L-14000083877		
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 "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	<u></u>
Enter new mailing address, if applicable:		- 3
(Mailing address MAY BE A POST OFFICE BOX)		··.
		;
B. If amending the registered agent and/or registered of	fice address on our records, ente	r the name of the new register
agent and/or the new registered office address here:		
		一点。
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addre	255
	្	lorida
	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>	Address	Type of Action
AMBR	HECTOR J FLORES MONTERO	666 NW 114TH AVENUE APT 201	■Ađd
		MIAMI, FL 33172-3569	□Remove
			□ Change
			□ Add
			□Remove
			□ Change
			
			□Remove
			Change
		·	
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			□Change
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			□ Change

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Dated		
Signature of a member drauthorized representative of a member	Dated	FEBRUARY 19 . 2021

Filing Fee: \$25.00