## 15000041332

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
	J. HORNE
	JUL - 3 2024

Office Use Only



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RECEIVED

FACCAHÁSSEE, FLORIT

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 460776 8444574

AUTHORIZATION

COST LIMIT : (\$ 25.00

ORDER DATE : May 7, 2024

ORDER TIME : 1:31 PM

ORDER NO. : 460776-015

CUSTOMER NO: 8444574

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## DOMESTIC AMENDMENT FILING

NAME: CCOMMERCE, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER'S INITIALS:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CCOMMERCE, 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  $\frac{03/06/2015}{1}$ and assigned Florida document number 1.15000041332 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Currency Commerce, LLC 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 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.

City

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
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			Change
			🗖 Add
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	- <del></del>		□Add
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reffective date is lister te: If the date inser	<ul> <li>d. the date must be speci- ted in this block does</li> </ul>	fie and cannot be prior to	de statutory filing requ	<b>(optional)</b> n 90 days after filing.) Pur irements, this date will	suant to 605.020 not be listed as
cord specifies a del s filed.	ayed effective date, b	ut not an effective tim	e, at 12:01 a.m. on the	earlier of: (b) The 90	h day after the
ed		2024	· ·		
	Signature	e at a member or authori	zed representative of a m	ember	
		eor a member or aumon			