

1/8/2016

Division of Corporations

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : DRUMMOND CPA LLC
Account Number : I20150000129
Phone : (781)770-0005
Fax Number : (866)550-6705

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: MAMORIM@DRUMMONDADVISORS.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NAR COMMERCE CLOUD SOLUTIONS LLC**

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Corporate Filing Menu

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K. SALY
EXAMINER

JAN -7

1/1

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NAR Commerce Cloud Solutions 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 November 12, 2015 and assigned
Florida document number L15000191299

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4000 Hollywood Blvd, Suite 555-S

(Principal office address MUST BE A STREET ADDRESS)

Hollywood - FL 33021

Enter new mailing address, if applicable:

4000 Hollywood Blvd, Suite 555-S

(Mailing address MAY BE A POST OFFICE BOX)

Hollywood - FL 33021

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

City, Florida 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

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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>	<u>Type of Action</u>
MGR	Alexandre Soncini	4000 Hollywood Blvd, Suite 555-S	<input checked="" type="checkbox"/> Add
		Hollywood - FL 33021	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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