

L17000025439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

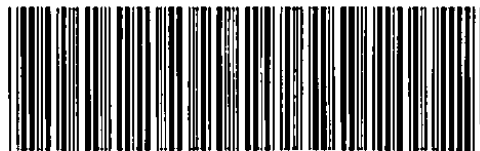
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



90033508707

10/07/19--01020--002

OCT 26 2019

S. YOUNG

RECEIVED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COMMODITIES UNLIMITED LLC; Doc No. L17000025439
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:

Chad Altieri Esq.

Name of Person

Altieri & Associates

Firm/Company

936 SW 1st Avenue, Suite 414

Address

Miami FL 33130

City/State and Zip Code

Chad@AltieriPA.com

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

For further information concerning this matter, please call:

Chad Altieri

305

562-4981

at ()

Name of Person

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)

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**

COMMODITIES UNLIMITED 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 02/01/2017

Florida document number L17000025439

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

Enter new principal offices address, if applicable:

936 SW 1st Avenue, Suite 414

(Principal office address MUST BE A STREET ADDRESS)

Miami FL 33130

Enter new mailing address, if applicable:

936 SW 1st Avenue, Suite 414

(Mailing address MAY BE A POST OFFICE BOX)

Miami FL 33130

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

Altieri & Associates

New Registered Office Address:

936 SW 1st Avenue, Suite 414

Enter Florida street address

Miami

City

Florida 33130

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.

Dated October 2, 2019

Signature of a member or authorized representative of a member

John Battaglia

Typed or printed name of signee