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	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE TALLAHASSEE, FLORIOA

COVER LETTER

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SUBJEC		tive Commercial, LLC			
SUBJEC	<u></u>	Name of Lim	ited Liability Company		
The enck	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please ret	turn all corresp	ondence concerning this matter	to the following:		
		Andrew Soowal			
			Name of Person		
		Florida Native Commercia	I, LLC		
		· · ·	Firm/Company	-	
		820 SE 16th Street			
			Address		
		Deerfield Beach, FL 33441			
			City/State and Zip Code		
		AndrewSoowal@Yahoo.coi E-mail address; (i	m to be used for future annua	report notification)	
For furthe	er information	concerning this matter, please ca			
Andrew :	Soował		561 7	19-0626	
	Name	of Person	Area Code	Daytime Telepho	ne Number
Enclosed	is a check for t	he following amount:			
□ \$ 25.0	00 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is e		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisi P.O. F	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	Registri Divisio Clifton 2661 E:	ET/COURIER ADD ation Section n of Corporations Building xecutive Center Circ ssee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Florida Native Commercial, LLC			
(Name of the Limi	ted Liability Company as it (A Florida Limited Liability	ndw appears on our records.) Company)	
The Articles of Organization for this Limited L Florida document number L17000240070	iability Company were fi	iled on 11/21/2017 ar	nd assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	of the limited liability co	mpany here:	
The new name must be distinguishable and contain the v	words "Limited Liability Com	pany," the designation "LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applie	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		ALL ALL
			RETARN AHASS
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		FLO FLO
			03
B. If amending the registered agent and registered agent and/or the new registered of		idress on our records, enter the na	ame of the new
Name of New Registered Agent:	Andrew Soowal		
New Registered Office Address:	820 SE 16th Street		
		Enter Florida street address	
	Deerfield Beach	, Florida ³³⁴⁴ 1	
	Ciț		Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as registere provisions of all statutes relative to the prop- accept the obligations of my position as reg- being filed to merely reflect a change in the company has been notified in writing of this	per and complete perfor istered agent as provide registered office addre:	mance of my duties, and I am familia ed for in Chapter 605, F.S. Or, if this	r with and document is

If Changing Registered Agent, Signature of New Registered Agent

If amendin <u>or removec</u>	g Authorized Person(s) authorized to a l from our records:	manage, enter the title, name, and add	dress of each person being added
MGR = \ \AMBR = ' \	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Lois Soowal	820 SE 16th Street	
		Deerfield Beach, FL 33441	■ Remove
			□ Change
			Remove
			Change
			DAdd
			□ Remove
			Change
			Add
			☐ Remove
			□ Change
			□ Remove
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) If an	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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		T: 03
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		<u>.</u>
(If an e Note	tive date, if other than the date of filing:	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the case 90th day after the record is filed.	earlier of:
Date	February 7 2018	
	Signature of a member or authorized representative of a member	_

Page 3 of 3

Filing Fee: \$25.00