119000) 103 024

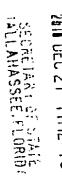
(Requestor's Name)
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TO:

TO:	Registration So Division of Con			<i>يع</i> .
CIID YE		ERCE LLC		DEC 21
SUBJEC		Name of Limit	ted Liability Company	- E C C
				45.55 V
The encl	losed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please re	eturn all correspo	ondence concerning this matter t	o the following:	A STATE OF THE STA
GILVAM F DOS SANTO			S	
				
		GFS TAX & ACCOUNTIN	NG SERVICES	
			Firm/Company	
		2001 W CYPRESS CREEK		
				
		FT LAUDREDALE FL 33		
		INFO@GFSTAXACCT.CO	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notific	cation)
For furt	her information	concerning this matter, please ca	ılı:	
GILVA	M F DOS SANT	ros	954 9573244 at ()	
	Name	of Person		Telephone Number
Enclose	d is a check for t	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)
		LING ADDRESS: tration Section	STREET/COURIE Registration Section	

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

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ARTICLES OF O	RGANIZATION		
o	F A STATE OF THE S		
	The Contract of the Contract o		
JA COMMERCE LLC	55,		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.		
	(2) (6)		
The Articles of Organization for this Limited Liability Company	were filed on 04/24/2018 and assigned		
Florida document number L18000103024			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	6810 N STATE RD 7		
(Principal office address MUST BE A STREET ADDRESS)	COCONUT CREEK FL 33073		
[Principal office unaress MUST BE A STREET ADDRESS)			
	6810 N STATE RD 7		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	COCONUT CREEK FL 33073		

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:

	City	Florida
New Registered Office Address:	Enter Florida street add	lress
Name of New Registered Agent:		

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>	<u>Address</u>	Type of Action
AMBR	COMERCIAL OVOLAR LTDA-EPP	RUA ALTO DA PRIMAVERA 10 SAO LUIS MA 65067-300 BR	Add
			Remove
	:		Change
MGR	ALINE D SALES	3640 YACHT CLUB DRIVE APT 806 AVENTURA FL 33180	Add
			☐ Remove
MGR	JULLIANO M RIBEIRO DE OLIVEIRA	3640 YACHT CLUB DRIVE APT 806 AVENTURA FL 33180	Add
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Note: I	re date, if other the crive date is listed, the of f the date inserted in nt's effective date or	this block does not	meet the applica	to date of filing or r able statutory filin	nore than 90 days ng requirements.	optional) after filing.) Pursuant , this date will not b	to 605.0207 ne listed as
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Filing Fee: \$25.00