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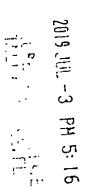
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	-

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R. WETTE JEL 15 1.5

COVER LETTER

CHID HEATT.	MMERCE LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARSHA SIHA		
		Name of Person	
	INCFILE.COM LLC		
		Firm/Company	
	17350 STATE HWY 249 :	STE 220	
	HOUSTON, TX 77064	Address	
	EFILE1234@INCFILE.CO	City/State and Zip Code	
		to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
MARSHA SIHA		855 829-9090 at ()	
Name o	of Person	Area Code Daytin	e Telephone Number
Enclosed is a check for t	he 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
MAII	JNG ADDRESS:	STREET/COUR	IFR ADDRESS:

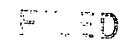
TO:

Registration Section Division of Corporations

> 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

TO ARTICLES OF ORGANIZATION OF



FUSH COMMERCE LLC

2019 JUL - 3 PM 5: 16

		(Name or me	Limited Liabilit (A Florida	Company	as it now app	<u>cars on our</u>	recorus.)	
			(м пюпоа	Finnico Dia	лицу Сонграпу	> /	TA	- AIE - LEIFL
The Articles of 0	Organization	for this Limi	ited Liability C	ompany w	ere filed on	05/25/2018		and as
Florida documei	_				·			
riorida documei								
This amendmen	t is submitte	d to amend th	e following:					
A. If amending	z name, ente	r the new na	me of the limi	ted liabilit	v company	here:		
Č	·							
The new name mus	t be distinguis	sable and contain	n the words "Limi	ted Liability	Company," th	e designatio	on "LLC" o	r the abbreviation "L
Enter new prin	eiral office	addrace if a	nnlicable:					
•	•		• •					
	e address M	UST BE A ST	TREET ADDR	ESS)			-	
<u>Principal office</u>		•						
<u>Principal office</u>							<u> </u>	
<u>Principai office</u>								
Enter new mail	ling address	, if applicable	e:	-				
Enter new mail	ling address	, if applicable	e:	-				
Enter new mail	ling address	, if applicable	e:	-				
Enter new mail <i>Mailing addres</i>	ling address	, if applicable	e: FICE BOX)	-				
Enter new mail (<u>Mailing addres</u> B. If amendir	ling address S MAY BE	, if applicable A <i>POST OFF</i> stered agent	e: <u>FICE BOX)</u> and/or_regist					enter the name
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Enter new mail Mailing addres B. If amendir registered agen	ling address is MAY BE ing the regi it and/or the	, if applicable A <i>POST OFF</i> stered agent	e: FICE BOX) and/or regist red office addr					
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Enter new mail (Mailing addres B. If amendir registered agen	ling address as MAY BE and the regit and/or the	, if applicable A POST OFF stered agent new register	e: FICE BOX) and/or registred office addr		ce address	on our r	records, g	

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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of A	
AMBR	EVAN BECHTEL	4106 MOSER LN		
		PERRYSBURG, OH 43551		
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ective date, if other than to effective date is listed, the date	he date of filing:nust be specific and cannot be prior t	to date of filing or more than 90 c	_ (optional) lays after filing) Pursuant to (
<u>te:</u> If the date inserted in this	block does not meet the applica	ible statutory filing requirement	ents, this date will not be l
cument's effective date on the	Department of State's records.		
	ed effective date, but not	t an effective time, at 1	.2:01 a.m. on the ear
he 90th day after the r	ecord is filed.		
HINE 17	2019		
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	A - ald-1		
<u>Svan</u>	Signature of a member or autho		
	Signature of a member or autho	rized representative of a membe	r
EVAN BECHTEL -	AMBR		
		d name of signee	

Page 3 of 3

Filing Fee: \$25.00