

L190000 14231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

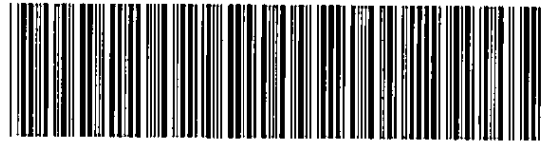
(Business Entity Name)

(Document Number)

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04/22/19--01011--003 **25.00

FILED
2019 APR 22 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. LEMMON
MAY 1 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KROZA COMMERCE LLC
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:

Processing Department

Name of Person

MyCorporation Business Services, Inc.

Firm/Company

26025 Murcaru Rd Suite 120

Address

Calabasas, CA 91302

City/State and Zip Code

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

For further information concerning this matter, please call:

Processing Department	877	692-6772
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**

FILED

KROZA COMMERCE LLC

2019 APR 22 P 3:58

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

CLERK OF THE
OFFICE OF THE
CLERK OF THE
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/14/2019 and assigned
Florida document number L19000014231.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GV Commerce LLC

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:

5840 Red Bug Lake Road Box 2024

(Principal office address MUST BE A STREET ADDRESS)

Winter Springs, FL 32708

Enter new mailing address, if applicable:

5840 Red Bug Lake Road Box 2024

(Mailing address MAY BE A POST OFFICE BOX)

Winter Springs, FL 32708

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

Florida

City

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

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>
AMBR	Milan Ristic	Vivelvagen 18, Uppsala	<input type="checkbox"/> Add
		Uppsala 75651 Sweden	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Stefan Tosic	Vivelvagen 18, Uppsala	<input checked="" type="checkbox"/> Add
		Uppsala 75651 Sweden	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Dejan Djeric	6465 N Seeley Ave Apt #1	<input checked="" type="checkbox"/> Add
		Chicago, IL 60645	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

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

Dated 04/18/2019

Typed or printed name of signer