L190000/4231

| (Requestor's Name) |
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| (Business Entity Name) |
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| (Document Number) |
| (Securite Names) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

GV COMMERCE LLC SUBJECT: _ 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 Murearu Rd Suite 120 Address Calabasas, CA 91302 City/State and Zip Code h-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Processing Department 692-6772 Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy (senctosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

| GV | COMMERCE LLC | |
|--|---|------------------------------------|
| (<u>Name of the Limited Liabilit</u> (A Florida | ty Company as it now appears on our r Limited Liability Company) | ecords.) |
| The Articles of Organization for this Limited Liability C Florida document number L19000014231 | ompany were filed on 01/14/2019 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | ited liability company here: | |
| The new name must be distinguishable and contain the words "Lim | ited Liability Company," the designation | "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDR | RESS) | ZO19 SEI |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | SS TO FINAL STATES |
| B. If amending the registered agent and/or regis | stered office address on our re | cords, enter the name of the |
| registered agent and/or the new registered office add | ress 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 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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|-------------------|--------------|--------------------------|----------------|
| AMBR STEFAN TOSIC | STEFAN TOSIC | VIVELVAGEN 18 | |
| | | UPPSALA, SE 75651 | □ Remove |
| | | | Change |
| AMBR DEJAN DJERIC | DEJAN DJERIC | 6454 N SEELEY AVE APT #1 | |
| | | CHICAGO IL 60645 | ■ Remove |
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| | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Effer | tive date, if other than the date of filing: (ontional) |
| Sote | ctive date, if other than the date of filing: (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fisted as ment's effective date on the Department of State's records. |
| e r Tr | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed. |
|)ate | a 25/31/14 State |
| | Signature of a member or authorized representative of a member |
| | STEFAN TOSIC |
| | STEFAN TOSIC Lyped or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00