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OCT 1 7 2019

COVER LETTER

TO:	Registration Se Division of Cor		·		
	TFR COM	MERCE LLC			
SUBJI	ECT:		ited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		NOAH CHANIN			
			Name of Person		
		TFR COMMERCE LLC			
			Firm/Company		
5910 NE 14 Way					
			Address	······································	
FORT LAUDERDALE, FL 33334					
City/State and Zip Code noahchanin@gmail.com					
		E-mail address: (1	to be used for future annual report notif	ication)	
For fur	ther information co	oncerning this matter, please ca	all:		
Noah	Chanin		561 706-1144		
	. —	***	at ()	: Telephone Number	
	Name o	f Person	Area Code Daytime	: Telephone Number	
Enclos	ed is a check for th	ne following amount:			
\$2	5.00 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

TFR Commerce LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _ ____ and assigned Florida document number ____L19000200356 This amendment is submitted to amend the following: . If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

w 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

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1	(

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
MGR	Noah Chanin	5910 NE 14 Way	
	 		
c		Fort Lauderdale, FL 33334	
Please note title from Al	e this request is to change Noah Chanin's MBR to MGR.		Remove
_ 			☐ Change
			□ Remove
			Change
			Add
		-	☐ Remove
		 	□ Change
			□ Add
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			Add
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			Change
			□ Add
		· ·	☐ Remove
			Change

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(If an ef	tive date, if other than the date of filing: SEPTEMBER 12019 (optional) fective 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 listed as nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	September 25 2019
	A Joseph Ola
	Signature of affirmmeter or authorized representative of a member

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Filing Fee: \$25.00