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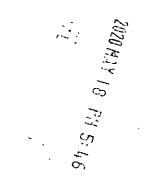
(Re	questor's Name)	
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PICK-UP	TIAW [	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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JUN 05 2020

## **COVER LETTER**

TO: Registration Division of C			
CUD INCT.	B & C GEN	FERAL SERVICES LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	bmitted for filing.	
Please return all corres	pondence concerning this matter	r to the following:	
		MONICA GERMAN	
		Name of Person	
	MG T	CAX SOLUTIONS CORP	
		Firm/Company	
8637 ESCONDIDO WAY EAST  Address  BOCA RATON, FL 33433			
	Address  BOCA RATON, FL 33433		
	ВОС	CA RATON, FL 33433	
		City/State and Zip Code	
		AXSOL@GMAIL.COM (to be used for future annual report notification)	
For further information	concerning this matter, please c	•	
MONICA GERMAN		954 554-7424 at ( )	
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 & ☐ \$60.00 Filing F Certified Copy (additional copy is enclosed)	Status &
<u>Mailing Addr</u> Registratior		Street Address: Registration Section	
Division of	Corporations	Division of Corporations	
P.O. Box 63 Tallahassee		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

В &	: C GENERAL SE	ERVICES LLC 2	020 HAY 18 P	1, _
(Name of the Lim	ited Liability Com (A Florida Limited	pany as it now appears d Liability Company)	s on our records.	<del>7 5 46</del>
The Articles of Organization for this Limited I	Liability Compar	by were filed on $\frac{04/6}{2}$	05/2020	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited lis	bility company he	<u>re</u> :	
B & C GLOBAL COMMERCE LLC				
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the de	esignation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	SAME		
Principal office address MUST BE A STRE	ET ADDRESS)			
				· · · · · ·
Enter new mailing address, if applicable:		SAME		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or agent and/or the new registered office address.		e address on our re	cords, <u>enter the</u>	name of the new register
Name of New Registered Agent:	BENJAMIN	FARFAN		
New Registered Office Address:	1580 NW 128	TH DRIVE		
		Enter Flori	da street address	
	SUNRISE		, Floric	ia <u>33323</u>
		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>	Address 2020 114: 18 Pil 5: 46	Type of Action
MGR	CLAUDIA L CASTANEDA	1580 NW 128TH DRIVE,'	<b>=</b> Add
		SUNRISE, FL 33323	□Remove
			□Change
		<del></del>	□Add
		·	□Remove
		<del></del>	Change
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e is listed, the date must be s te inserted in this block of	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 does not meet the applicable statutory filing requirements, this date will not be li	05.0207 ( sted as t
es a delayed effective dat	e, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af	ter the
MAY 11	2020	
	Bujun It	
Sign	nature of a member or authorized representative of a member	
(	e is listed, the date must be stee inserted in this block dective date on the Depart es a delayed effective dat	, if other than the date of filing:

THE COSCO