## LZO 000 127185

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	<u>-</u>
(City.	/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

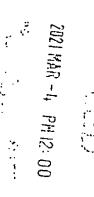
Office Use Only



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RECEIVED
DEC 2 8 2020

13/29/20--01004--024 ++30.80



O SIMÍVIONS MAR 3 0 2021 Division of Corporations

February 10, 2021

ABE BORUJERDI 184 2 E. OAKLAND PARK BLVD FORT LAUDERDALE, FL 33306

SUBJECT: COMMERCE ONE LLC

Ref. Number: L20000127185

We have received your document for COMMERCE ONE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

You failed to sign the form and type print your name in the space provided.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 621A00003005

www.sunbiz.org

District of Comments on D.O. DOV COOR III. 1 DOOS

## **COVER LETTER**

TO: Registration Section Division of Corpora			
SUBJECT: COM	Mor Ce One (	ability Company	
	ndment and fee(s) are submitted		
Please return all corresponder	ce concerning this matter to the	following:	
••	Abe Born	Jar Chi Dame of Person	
-	Commerce	One LLC Firm/Company	
-		Address Park	
-	Fort Lander	y/State and Zip Code  whe inc usa.  used for future annual report notification	1306
_	aborujerdi a E-maladdress: (to be t	whe inc USa. used for future annual report notification	Con Con
For further information conce	rning this matter, please call:		
Abe Boruje Name offer	son	at (454) 557-75 Area Code Daytime Te	2 7 Jephone Number
Enclosed is a check for the fo	llowing amount:		
□.325.00 Filing Fee S	S30.00 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:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION 2021 MAR -4 PM 12: 00

Commerce of	ne LLC	- ",	- 1,1	
(Name of the Limited	Liability Company as in Florida Limited Liability	i now appears on o y Company)	our records.)	<del></del>
The Articles of Organization for this Limited Liab	oility Company were	filed on <u>05/</u>	11/1010	_ and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of the	he limited liability c	ompany here:		
The new name must be distinguishable and contain the word	ds "Limited Liability Cor	npany," the design:	ation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicab		<del></del> :		
(Principal office address MUST BE A STREET.	ADDRESS)	· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	0x)			
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office addre here:	ss on our record	ds, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	Abe	Boruj	erdi	
New Registered Office Address:	<u> 184 2</u>	E. oak	land Park	Bluck
	Fort Land	er dole	, FloridaF	33306 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: 2021 HAR -4 PM 12: 00 MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> Type of Action MGR \_ □Add 1842 E. Cakland Park Blud. \_\_\_\_\_ Change \_\_\_\_\_ □Add \_\_\_\_\_ □Remove \_\_\_\_ Change \_\_\_ □Remove \_\_\_\_\_ Change ψķ. \_\_\_\_ □Change \_\_\_\_ □Remove \_\_\_\_ □Change \_\_\_\_\_ □Add

\_\_\_\_\_ □Remove

\_\_\_\_\_ Change

D. If amending any other information, enter change(s) here: (Attach a	dditional sheets, if necessary.) 2021 HAR -4 PH 12: 00
	the second second
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing.  Note: If the date inserted in this block does not meet the applicable statuto document's effective date on the Department of State's records.	(optional) ing or more than 90 days after filing.) Pursuant to 605.0207 (3 ry filing requirements, this date will not be listed as th
If the record specifies a delayed effective date, but not an effective time, at 12:0 record is filed.	1 a.m. on the earlier of: (b) The 90th day after the
Dated 2/12/21	
Abe Rory 1. Signature of a mergoer or authorized repres	sentative of a member
Abe Bolrujerdi Typed or printed name of:	

Filing Fee: \$25.00