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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: A to Z Commerce	imited Liability Company	LLC
The enclosed Articles of Amendment and fee(s) are su	ubmitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
Ronald	Schmitz Name of Person	
AtoZC	ommucial Capi	tal LLC
23060 A	qua Vw #6	
Boca R	aton FL 334. City/State and Zin Code	<u>33</u>
Q+02 COMV E-mail address:	MINICAL Capital	eamail.com
For further information concerning this matter, please	call:	
Ronald Schmitz	at (56) Area Code Daytim	
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)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limite</u> )	d Liability Compan A Florida Limited Li	<u>y as it now appears on</u> ability Company)	our records.)		
The Articles of Organization for this Limited Lia Florida document number <u>L 2000175</u>	bility Company v	vere filed on <u>JUY</u>	U 23,200	and ass	igned
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liabil	ity company here:			
				رج دع	
The new name must be distinguishable and contain the wo	rds "Limited Liabilit	y Company," the design	ation "LLC" or the abb	oreviation "L.	L.C."
Enter new principal offices address, if applica	ble:		- <del></del>	· ; -=	
(Principal office address MUST BE A STREET	ADDRESS)			co	
					<u> </u>
				. <u></u> ئ	,
Enter new mailing address, if applicable:			<u>.</u>	တ	
(Mailing address MAY BE A POST OFFICE B	OX)		<u> </u>	<u> </u>	
B. If amending the registered agent and/or reagent and/or the new registered office address	~	ldress on our recor	ds, <u>enter the name</u>	of the nev	v registered
Name of New Registered Agent:	Ronal	d Schm	itz	100	
New Registered Office Address:	4897	MOUNG V Enter Florida sa	MUX SUH	$\mathcal{W}$	
	Basa	Raton	Florida	3428 Zip Code	3

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

Krel Sel

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	Type of Action
MGR	Ronald Schmitz	9825 Marina blud St 100 Boca Raton, FL 33428	XAdd
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ective date	if other than the dat	e of filing:		(optic	onal)
effective dat	is listed, the date must be	specific and cannot be		r more than 90 days after	filing.) Pursuant to 605.020
	ective date on the Depar			ing requirements, this	s date will not be listed a
cord specifi	s a delayed effective da	te, but not an effecti	ve time, at 12:01 a.i	n. on the earlier of: (b	) The 90th day after the
s filed.					
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ed <u> </u>	Sign	nature of a member or	authorized representat	ive of a member	