## L20000214492

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## **COVER LETTER**

TO:

TO: Registration Solution of Columbia			
CUB IPOT.	NICOMMERCE LI	C	
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Lī	ZAMARA D PEREZ REYES	
	<u></u>	Name of Person	<del> </del>
		NICOMMERCE LLC	
		Firm/Company	<del></del>
	6000 MET	ROWEST BOULEVARD SUITE 2	200
	· · · · · · · · · · · · · · · · · · ·	Address	
	0	RLANDO, FLORIDA 32835	
		City/State and Zip Code	<del></del>
	LIZAMAR	A@DIGITALSMARTTEAM.COM	
	E-mail address: (	to be used for future annual report notif	fication)
For further information of	concerning this matter, please c	all:	
LIZAMARA D PEREZ	REYES	407 483-2261	
Name o	f Person		: Telephone Number
Enclosed is a check for the	he following amount:		
<b>≅</b> S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration S Division of C		Registration Sec Division of Corp	
P.O. Box 632	-	The Centre of T	
Tallahassee.	FL 32314		Street Suite \$10

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NIC	COMMERCE LLC	
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number £20000214492		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "LLC" or the at	obreviation "L.L.C."
Enter new principal offices address, if applicable:	····	<u></u>
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2021 JAN 1
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the nam	e of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str <del>ee</del> t address	
	Florido	
	, Florida	Zin 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 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	OTTO F ARRECHAVALA OCON	6000 METROWEST BOULEVARD SUITE 200	DAdd
		ORLANDO, FLORIDA 32835	\equiv Remove
			□ Change
MGR	OLGA L CABRERA	13584 TURTLE MARSH LOOP 117	<b>=</b> Add
		ORLANDO. FLORIDA 32837	□Remove
			□Change
			Remove
			□Ghaniuc : :: iBAdd
			BAdd
			□Remove
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fective date, if other	than the date o	f filing:			_ (optional)	
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