LZO 000373247

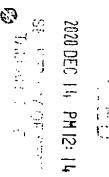
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
. (Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600355870176

12/14/20--01020--025 **25.00



JA-5/21

COVER LETTER

	Registration Se Division of Cor		•	e jes	* **	
SUBJEC	Commercia	al Movement Group, LLC	·	ممي		
NOBALLE.	···	Name of Lin	nited Liability Company			
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please reti	arn all correspo	ondence concerning this matter	to the following:			
		Canard Thomas				
		-	Name of Person			
		Commercial Movement G	roup, LLC			
			Firm/Company			
		4651 Salisbury Rd Suite 4	00 Unit 410			
		<u> </u>	Address		 -	
	Jacksonville, FL 32256					
		Broker@RMRE.Group	City/State and Zip Code			
		E-mail address: (to be used for future annual r	eport notification	n)	
For further	r information c	oncerning this matter, please ca	all:			
Canard Th	nomas			2-1840		
	Name of	f Person	Area Code	Daytime Tele	phone Number	
Enclosed is	s a check for th	ne following amount:				
\$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	lailing Address		<u>Street Ad</u> Registra	dress: tion Section	ı	

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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

Commercial Movement Group, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on November 30, 2020	and assigned
Florida document number L20000373247		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	.iability Company," the designation "LLC" or t	he abbreviation "L.L,C,"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		R S S
		20 D
Enter new mailing address, if applicable:		7 6
(Mailing address MAY BE A POST OFFICE BOX)		= =
		3 2 17
		3 12 (1)
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, enter the	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	, Florid:	1
	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 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>	Name	Address	Type of Action
AMBR	Hameed Siddiq	4651 Salisbury Rd Suite 400 Unit 410	≣Add
		Jacksonville, FL 32256	□Remove
			□Change
			□Add
			□Remove
			□Change
 			□Add
			□Remove
			□ Change
			□Add
		·	Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			FiChange

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (If an effective 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. December 9th 2020 Dated_ Signature of a member or authorized representative of a member Canard Thomas Typed or printed name of signee

Filing Fee: \$25.00