L21000100966

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COVER LETTER

Registration Section

TO:

Division of Cor	porations						
	ERCE, LLC						
SUBJECT:	Name of Lin	nited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	ISAAC RIVERO TORRE	s					
	· · · · · · · · · · · · · · · · · · ·	Name of Person					
	IJ COMMERCE, LLC						
		Firm/Company					
	8461 NW 114TH CT						
		Address					
	DORAL, FL. 33178						
		City/State and Zip Code					
	ISAACRIVERTONW@GN						
		to be used for future annual report no	tification)				
For further information co	oncerning this matter, please c	all:					
ISAAC RIVERO TORRES		786 5564376 at ()					
Name of Person			ne Telephone Number				
Enclosed is a check for th	e following amount:						
□ \$25.00 Filing Fee	■ \$30.00 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 Registration S	Section	<u>Street Address:</u> Registration Se	ection				
Division of Corporations P.O. Box 6327		Division of Corporations					
Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF SAVE

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IJ COMMERCE, LLC

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

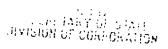
The Articles of Organization for this Limited Liability Co	ompany were filed on 03/02/2021	and assigned
Florida document number L21000100966	•	_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	*100	
Enter new mailing address, if applicable:		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	office address on our records, and	and the name of the control of
agent and/or the new registered office address here:	office address on our records, ent	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		Florida _
	City	Florida 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>	<u>Name</u>	Address 21 MAR 22 FM 3	: 4 Type of Act
MGR	TORRES ISAAC		🗆 Add
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			□Change
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tive date, if other than the date of filing ffective date is listed, the date must be specific and	l cannot be prior	to date of fi	ling or more	han 90 days	optional) after filing.)	Pursu	ant to 605.(
If the date inserted in this block does not ment's effective date on the Department of S	tate's records.	able slatuti	ory liling re	quirements	, this date	will n	ot be listed
ord specifies a delayed effective date, but not filed.	an effective ti	ime, at 12:()1 a.m. on t	he earlier o	f: (b) The	: 90th	day after
March 17	2021						
1.10	/ 1.	_					
- Junitary Marie							
Signature of a n	neinber or autho	orized repres	sentative of a	member			