LZ1000380015

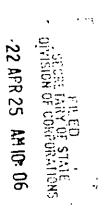
| (Red | questor's Name) | |
|---------------------------|-------------------|-------------|
| (Add | lress) | <u></u> |
| (Add | Iress) | |
| (City | //State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nar | me) |
| (Doc | cument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
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Office Use Only



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T. MATTHEWS

JUN 1 4 2022

COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|--|---|---|
| SUBJECT: Commerce | Two LLC | | |
| | | ited Liability Company | |
| The enclosed Articles of | Amendment and fce(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | Joseph P. Mullen | | |
| | | Name of Person | |
| | Mullen & Bizzarro, P.A. | | |
| | | Firm/Company | |
| | 2929 E Commericial Blvd | | |
| | | Address | |
| | Fort Lauderdale, FL 33308 | <u> </u> | |
| | | City/State and Zip Code | |
| | jpmullen@mullenbizzarro.c | com to be used for future annual report noti | theation |
| For further information c | oncerning this matter, please co | | |
| Joseph P. Mullen | | at (954) 772-9100 Area Code Daytim | |
| Name o | f Person | Area Code Daytim | ne Telephone Number |
| Enclosed is a check for the | ne 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 Addres Registration 9 | | Street Address: | ection |
| Division of C | | Registration Se Division of Cor | |
| P.O. Box 632 | .7 · | The Centre of T | l'allahassee |
| Tallahassee, | FL 32314 | 2415 N. Monro | oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT DIVISION OF CORPORATIONS TO ARTICLES OF ORGANIZATION APR 25 AM 10: 06 OF

| Commerce Two LLC | | |
|--|---|---------------------------------------|
| (Name of the Limited Liah (A Flor | oility Company as it now appears on our records.) ida Limited Liability Company) | |
| The Articles of Organization for this Limited Liability | | and assigned |
| Florida document number L21000380015 | <u></u> . | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, <u>enter the new name of the li</u> | mited liability company here: | |
| The new name must be distinguishable and contain the words "L | imited Liability Company," the designation "LLC" o | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADI | DRESS) | _ |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| B. If amending the registered agent and/or register agent and/or the new registered office address here | | e name of the new register |
| agent androf the new registered office address here | : | |
| Name of New Registered Agent: | | |
| Name Wiltow Registered Agent. | | |
| New Registered Office Address: | Enter Florida street address | · · · · · · · · · · · · · · · · · · · |
| | | |
| | , Flori | ida |

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:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|-----------------------|--------------------------|----------------|
| AMBR | GLADYS GONZALEZ NUNEZ | 3071 NE 43RD STREET | □Add |
| | | FORT LAUDEDALE, FL 33308 | ≣Remove |
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| 12.00 | |
|---------|---|
| Note | tive date, if other than the date of filing: ffective 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 605.026 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records. |
| ne reco | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th filed. |
| Date | 1 April 21. 2022 |
| | Joseph R. Mullen, Exquire |
| | Signature of a member or authorized representative of a member |
| | Joseph P. Mullen, Esquire |