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H220001026263ABCV

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : Vcorp SERVICES, LLC  
Account Number : I2008000067  
Phone : (845)425-0077  
Fax Number : (845)818-3588

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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2022 MAR 18 PM 4:27

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ZCOMMERCE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 MAR 18 PM 4:16

FILED

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZCommerce LLC

(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 Company were filed on 03/16/2022 and assigned Florida document number L22000111412.

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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 1000 Brickell Ave Ste 1100  
(Principal office address MUST BE A STREET ADDRESS) Miami, FL 33131

Enter new mailing address, if applicable: 1000 Brickell Ave Ste 1100  
(Mailing address MAY BE A POST OFFICE BOX) Miami, FL 33131

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

, Florida

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. 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

FILED  
2022 MAR 18 PM 4:15  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA



[illegible]

**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.

Dated March 18 \_\_\_\_\_, 2022

Barbara Quinones

Signature of a member or authorized representative of a member

Barbara Quinones

Typed or printed name of signee

**Filing Fee: \$25.00**