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uSign Envelope ID: E802E84	2-8B86-4B92-B8B1-12267142EAC	EUVER LETTER		-
TO: Registration Sec Division of Corp				
AC & RG C	ommerce LLC			
SUBJECT:		ed Liability Company		
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.		
Please return all correspon	ndence concerning this matter to	o the following:		
	Alejandro Coltat			
		Name of Person		
	AC & RG Commerce LLC			
		Firm/Company		2022 SEC
	1129 Cobblestone Cir			2022 JUL 19 AHTT: 26 SECRE LARY OF STATE ALL AHARSEFT FLOORING
		Address		1988 1988 1988
	Kissimmee Fl, 34744			75
		City/State and Zip Code		· 28 28 38 · 1
	coltat96@gmail.com	o be used for future annual report notifica	tion)	01
For further information c	oncerning this matter, please ca			
Alejandro Coltat		346 63324571		
	f Person	at () Area Code Daytime T	elephone Numbe	<u></u> г
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
Mailine Addus	ac.	Street Address:		
Mailing Addre Registration	Section	Registration Sect		
Division of (	Corporations	Division of Corpo	orations	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

DocuSign Envelope ID: E802E842-8B86-4B92-B8B1-12267142EACB

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AC & RG Commerce LLC	
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
he Articles of Organization for this Limited Liability Company were filed on _	May 02, 2022 and assigned
orida document number L22000207080	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company	<u>here</u> :
he new name must be distinguishable and contain the words "Limited Liability Company," the	
Enter new principal offices address, if applicable:	78.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5
Principal office address MUST BE A STREET ADDRESS)	
	702
nter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	341 N
3. If amending the registered agent and/or registered office address on our gent and/or the new registered office address here:  Name of New Registered Agent:	records, enter the name of the new regis
New Registered Office Address:	
	larida 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. 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.

DocuSign Envelope ID: E802E842-8B86-4B92-B8B1-12267142EACB in amending Authorized rerson(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
MGR	David Bretti	1864 Somerset Dr Glendale Heights Apt 2D	
		Illinois Chicago, 60139	□Remove
			□ Change
MGR	Alejandro Pulgar	1864 Somerset Dr Glendale Heights Apt 2D	<b>⊟</b> Add
		Illinois Chicago, 60139	□ Remove
		;- \$ \$ > 0	
			☐Remove
<del></del>			DAdd
			□Remove
			□Change
	<del></del>		□Add
			□Remove
			Change
			□Add
			□ Remove
			□Change

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