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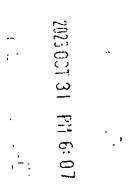
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

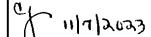
Office Use Only



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COVER LETTER

TO:

Registration Section
Division of Corporations

COLMENA SURJECT:	ARES E-COMMERCE LLC				
	Name of Lim	ned Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
	ndence concerning this matter				
	ANA MARIA INFANTE O	3			
		Name of Person			
	AMIS SOLUTIONS LLC				
		Firm Company			
	1151 MIRANDA LANE				
		Address	. <u></u>		
	KISSIMMEE FL 34741				
		City/State and Zip Code			
	adm.anainfante@gmail.com	1			
	E-mail address; (to be used for future annual report not	fication)		
For further information e	oncerning this matter, please ca	all:			
Ana Maria Infante G		407 5305878 at ()			
Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is 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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address Registration 5	Section	Street Address: Registration Se Division of Co.			
Division of Corporations P.O. Box 6327		The Centre of	The Centre of Tallahassee		
Tallahassee, l	FL 32314	2415 N. Monro	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COLMENARES E-COMMERCE LLC

2023 0CT 31 PM 6: 07

(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on 07/18/2022	and assigned
Florida document number 1.22000318671		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
E-COLMENARES LLC		
The new name must be distinguishable and contain the words "Limited Li-	ability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u></u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office	ce address on our records, <u>enter the n</u>	ame of the new regi
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

<u>New Registered Agent's Signature, it changing Registered Agent:</u>

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Remove

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fective date, if other than the	date of filing:	16/2023		(optional)	
on effective date is listed, the date mus ote: If the date inserted in this blo	be specific and cannot tack does not meet the	t be prior to date of t se applicable statu	iling or more than 90 tory filing requirer	days after filing.) Pursi nents, this date will r	aant to 605.0207 of be listed as
ocument's effective date on the De	partment of State's	records.			
ecord specifies a delayed effective	date, but not an ef	ective time, at 12:	01 a.m. on the ear	lier of: (b) The 90th	n day after the
is filed.					
	202	3			
Outobor 20	202				
nted October 20	,				
nted	1/2	Della mon	เลย์เปิ้		
October 20	QUOSSO Signature of a member	College Col	esentative of a memb	oer	

Filing Fee: \$25.00