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





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COVER LETTER

	COMMERCE LLC NAME CI	IANGE	\$		
SUBJEC1:	Name of Lir	mited Unability Company			
The enclosed Articles of	f Amendment and feets) are sol	omitted for filing			
		<u>-</u>			
	DAVID MELENDEZ				
B		Name of Person			
		Firm/Company			
	Division of Corporations DEJEAN COMMERCELLC NAME CHANGE Name of Limited Unability Company e enclosed Articles of Amendment and feets) are submitted for filling. ase return all correspondence concerning this matter to the following: DAVID MELENDEZ Name of Person				
			· · · · · · · · · · · · · · · · · · ·		
	POMPANO BEACH FL.		···		
	INFO@AMBERSHINERE	·			
For further information c		•	tification)		
DAVID MELENDEZ		954 477-2429			
	of Person	Area Code Daytir	ne Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
			ection		
Division of C	orporations	Division of Co	rporations		
Tallahassee, I			Fallahassee oc Street, Suite 810		

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Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEJEAN COMMERCE LLC	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1.23000073052	were filed on 02/09/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
AMBERSHINE INTERNATIONAL RECRUITING AGENCY	-LC
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2751 N PALM AIRE DR APT 510
(Principal office address MUST BE A STREET ADDRESS)	POMPANO BEACH FL 33069
.5	
Enter new mailing address, if applicable:	2751 N PALM AIRE DR APT 510
(Mailing address MAY BE A POST OFFICE BOX)	POMPANO BEACH FL 33069
	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new registere
New Registered Office Address:	
	Enter Floridu street oddress
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	•
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
lf Chan	ging Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ ∧dd
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			Change
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ote: If the date	if other than the d is listed, the date must inserted in this bloo ctive date on the Dep	ik does not meet	the applicable st	of filing or more than atutory filing requi	(optional) 90 days after filing.) rements, this date v	Pursuant to 605.02 will not be listed
record spe The 90th da	cifies a delayed ay after the reco	effective date rd is filed.	e, but not an	effective time, a	at 12:01 a.m. c	n the earlier
ied_NO	Vember	16.	2023			
	Si	gnature of a mem	ber or authorized	opres nimire of a mo	mber	
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Page 3 of 3

Filing Fee: \$25.00

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