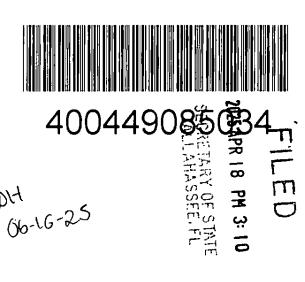
L24000505807

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration Se Division of Cor		***	_
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١.		Commercial Finance LLC		••
SUBJI	ECT:	Name of Limi	ted Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		Paulina Lu		
			Name of Person	
		Assurance Commercial Fin	ance LLC	
			Firm/Company	_
		5114 W Colonial Dr		
		-	Address	
		Orlando, FL 32808		
		contact@assurancecommerc	City/State and Zip Code ialfinance.com	
		E-mail address: (to be used for future annual report not	fication)
For fu	rther information c	oncerning this matter, please ca	alli:	
Paulin			407 276-7932	
		f Person	at ()	ne Telephone Number
	Name o	f Person	Area Code Daytin	ie Telephone Number
Enclos	sed is a check for the	he following amount:		
≡ \$2	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		Street Address: Registration Se	ection
	Division of C		Division of Co	
	DIVISION OF C	•	The Centre of	

P.O. Box 6327

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASSURANCE COMMERCIAL FINANCE, 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 $\frac{0}{2}$ Florida document number ______L24000505807 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 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>	<u>Name</u>	Address	Type of Action
MGR	TT INVESTMENTS OF FLORIDA LLC	5114 W COLONIAL DR. ORLANDO FL 32808	= Add
			🗆 Remove
		CHANGOLONIAL DD ODLANDO EL 23909	□Change
MGR	ALAIN TANG	5114 W COLONIAL DR. ORLANDO, FL 32808	🗆 Add
			≡ Remove
			□Change
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ecord specifies a delayed effective of sfiled.	late, but not an effec	tive time, at 12:01	a.m. on the earli	er of: (b) The	90th day after the	:
APRIL 15TH	2025					
ted	·	·				
Paulina Lu (Apr 15, 2025 12.34 EDT)	gnature of a member of					

Filing Fee: \$25.00