P96000024984

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: COMMERCIAL C	ORP.			
DOCUMENT NUMB					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all corres	pondence concerning this mat	ter to the following:			
		JAMES MORRIS			
	Name of Contact Person				
		Firm/ Company			
	11131 NW 34 PL				
•	Address				
	CORAL SPRINGS, FL 33065				
		City/State and Zip Coo	de		
		JMTOYGUY@AOL.CO	ОМ		
	E-mail address: (to be us	ed for future annual repor	t notification)		
For further information	concerning this matter, pleas	e call:			
	1ES MORRIS	at ()		
Name c	of Contact Person	Area C	ode & Daytime Telephone Number		
Enclosed is a check for	the following amount made p	payable to the Florida Dep	partment of State:		
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address			t Address		
	ndment Section	Amendment Section			
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

COMMERCIAL CORP.

(Name of Corporation as curren	tly filed with the Florida Dept. of State	9)
P96	6000024984	
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the	following amendment(s)
A. If amending name, enter the new name of the corporation: SIRROM COMM	IERCIAL INC.	
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	_N/H	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/H	HALL ALLASSE
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre		PHIP: 22 EEL DIGUX
Name of New Registered Agent //f		·
New Registered Office Address: W/H	street address), Florida_ (City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	nt: r with and accept the obligations of the po	osition.
Signature of New	Registered Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	NA	- <i>NA</i>	<i>M/\theta</i>	
Add		1		
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		<u> </u>		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. If amen (Attach a	ending or adding additional Articles, enter change an additional sheets, if necessary). (Be specific)	e(s) here:
N/A	yy	
.		
F. <u>If an an</u>	amendment provides for an exchange, reclassifica	tion, or cancellation of issued shares,
<u>provisi</u> (<i>if</i>	isions for implementing the amendment if not con if not applicable, indicate N/A)	tained in the amendment itself;
N/A		
		· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days af	er amendment file date)
Note: If the date inserted in this block does not meet the applicable state document's effective date on the Department of State's records.	story filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately provided.	
"The number of votes east for the amendment(s) was/were sufficie	nt for approval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without s action was not required.	hareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without share action was not required.	nolder action and shareholder
Dated	
Signature (By a director, president or other officer – if di	
selected, by an incorporator—it in the hands o appointed fiduciary by that fiduciary)	a receiver, trustee, or other court
JAMES	MORRIS
(Typed or printed name of p	erson signing)
PRES	IDENT
(Title of person	signing)