## L06000/18213

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J. BRYAN

OCT 21 2011

**EXAMINER** 

## **COVER LETTER**

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	istration Section sion of Corporations	
SUBJECT:	Name of Limited Liability Company	REAL Estate Example
The enclosed	Articles of Amendment and fee(s) are submitted for filing.	
Please return	all correspondence concerning this matter to the following:	
	Name of Person  LIREG LL  Firm/Company  2442 Sweetwater C  Address  Address  City/State and Zip Code  Resoluting Code  Company  City/State and Zip Code  Cod	·
	formation concerning this matter, please call:  3 En + Sould + Ag at (40 7 Sould Area Code)  Name of Person  Area Code	Ay =
Enclosed is a	check for the following amount:  ing Fee \$\int \\$30.00 \text{ Filing Fee & }\int \\$55.00 \text{ Filing Fee & }\text{ Certified Copy }\]	
	Certificate of Status Certified Copy (additional copy i	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Oi ,					
COMMERCIAL INTERNATIONAL REAL ESTATE GROUP 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 12/12/2004 and assigned Florida document number 206000 118 2/3					
Florida document number Lo6000 118 Z/3					
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 end with 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)  2442 Sweetwater Country  Club Brive  ApopleA, 72 32712					
(Principal office address MUST BE A STREET ADDRESS)  LUB SRIVE					
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  2442 Sweetwater Country  Club Brive  Apopk A 1 7 2 32712					
(Mailing address MAY BE A POST OFFICE BOX)  (Lub Drive					
ApopkA, 7 L 32712					
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: FORER T SONA FAG					
Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:  Tobert Sountage  2442 Sweetwaten Countage Club Da  Enter Florida street address					
Enter Florida street address (					
HopkA, Florida 32712					
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 608, 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

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MERIE	POBERT SONALA	Le 2442 Sweefwater Country Clyr Dr Abopile, 71 32712	Add Remove
MERM	Howhat Volphat		Add Remove
	<u> </u>		Add Remove
			Arld Gmov
<del></del>			FAdd Remove
			Ago Remove
D. If am	ending any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	y.)
			<del></del>
Dated	October 1 20	·//	
Duteu	Poles Som	for authorized representative of a member	·
	KOBERT SONI	or printed name of signee	

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Filing Fee: \$25.00