

L15000127975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

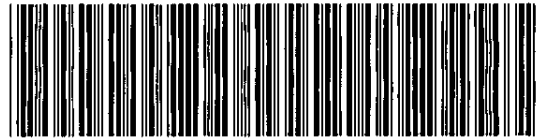
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200273347452

08/12/15--01004--017 **25.00

FILED
15 AUG 12 PM 12:20
SECRETARY OF STATE
COLUMBIA, MISSISSIPPI 39201

RECEIVED
15 AUG 12 PM 12:14
SECTION OF CORPORATIONS

AUG 12 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROVIDENCE PARTNERS COMMERCIAL REAL ESTATE, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSHUA H. DAVIS
Name of Person

PROVIDENCE PARTNERS COMMERCIAL REAL ESTATE, LLC
Firm/Company

223 SOUTH GARDEN STREET
Address

TALLAHASSEE, FL 32303
City/State and Zip Code

josh.davis@providancecre.com
E-mail address: (to be used for future annual report notification)

FILED
15 AUG 12 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

JOSHUA H. DAVIS at (850) 980-4588
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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**

PROVIDENCE PARTNERS COMMERCIAL REAL ESTATE, 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 7/27/2015 and assigned Florida document number LS000127975.

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)

15
AUG 12 PM 12:20
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Zip Code

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

Title Name Address Type of Action

_____ Add

_____ Remove

_____ Change

NON-BROKER OWNER THOMAS R. PARK ~~XXXXXXXXXXXX~~ Add

SAME AS ALREADY LISTED Remove

_____ Change

NON-BROKER OWNER JOSHUA H. DAVIS *SAME AS ALREADY LISTED* Add

_____ Remove

_____ Change

_____ Add

_____ Remove

_____ Change

_____ Add

_____ Remove

_____ Change

_____ Add

_____ Remove

_____ Change

FILED
 15 AUG 12 PM 1:20
 SECRETARY OF STATE
 TREASURY DEPARTMENT

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

FILED
AUG 12 PM 12:20
15
SECRETARY OF STATE

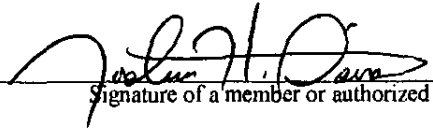
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated _____



Signature of a member or authorized representative of a member

JOSHUA H. DAVIS

Typed or printed name of signee