h22000007030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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22 SEP -1 PM 2:17

Dear Sir / madam

As per this letter DBPR would like to add my initial / middle name / as shown on my FL licence#3138115. Please change name Larysa Torkaman to LARYSA E. Torkaman. All other information is unchanged.

Sincerely,

Larysa Torkaman

June 2, 2022

Lt Commercial Real Estate LLC
4641 Dateland
Port St Lucie , FL 34953

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RE: Florida Real Estate Commission
Application Number: 1499266, Profession 2502

Dear Lt Commercial Real Estate LLC:

The Department of Business and Professional Regulation has received your application for licensure as a Real Estate Corporation. The application you have submitted is not complete and we will need the additional documentation listed below. Please wait until you have collected *all the required documents before submission. Once we receive the additional documentation* along with a copy of this letter, your application will be re-evaluated.

Application Deficiencies:

Your company must be registered with the Florida Department of State, Division of Corporations. You may visit their website, www.sunbiz.org, for more information or contact them by phone at 850.245.6000. The qualifying broker(s) must be designated as an Officer/Director of an incorporated company, or as a Manager/Member of a Limited Liability Company. Please notify the department when this issue has been resolved, so we may complete the processing of your application.

Once we have received this information, we will complete our review of your application. Please note that your application will remain in an incomplete status until such time you have submitted all the requested information for review.

Please do not reply to this email. This email is sent from an unmonitored email address. To submit the requested documentation use one of the following options:

Responding to Deficiency Notification:
You may respond to your deficiency using the following methods:

Online Submission: If you submitted your application online, visit www.MyFloridaLicense.com and log in to your DBPR online services account. Select Application Status Inquiry from the Functions Menu and then select the relevant application. Select attach and use the browse function to find responsive documents on your computer. A confirmation email will be sent once attachment(s) have been uploaded to your application.

Fax: Central Intake at 850.488.8040

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LT Commercial REALLC
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:

Larysa E. Torkaman
Name of Person

LT Commercial LLC
Firm/Company

4641 SW Dateland St
Address

Port St. Lucie FL 34953
City/State and Zip Code

Ltcommercial@gmail.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Larysa Torkaman at (561) 9099575
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

LT Commercial RE LLC / LT 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 12-29-2021 and assigned Florida document number L22000007030.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

n/a

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)

n/a

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

n/a

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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: Larysa E. Torkaman

New Registered Office Address: 4641 SW Dateland St
Enter Florida street address

Port St. Lucie, Florida 34953
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
MGR Officer/ Director/ Manager	Larysa E Torkaman	4641 SW Pateland St Port St Lucie FL.	☐ Add
			☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

22 SEP 1 PM 2:17

FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS

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 9-1-2022

_____
Signature of a member or authorized representative of a member

Larysa E. Torkaman
_____
Typed or printed name of signee