

M120000004203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

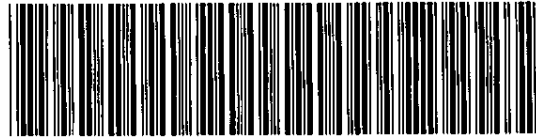
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING
JAN 14 AM 11:43

JAN 15 2015
J. HARRIS

FILED
2015 JAN 14 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515.EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET

ACCT. #FCA-23

CONTACT: SAVANNAH DEBOER

DATE: 01/13/2015

REF. #: 9407550

CORP. NAME: ITEX PROFESSIONAL PARK, LLC changing it's name to: ITEX PARTNERS HOLDINGS, LLC

☐ ARTICLES OF INCORPORATION ☒ ARTICLES OF AMENDMENT ☐ ARTICLES OF DISSOLUTION

☐ ANNUAL REPORT ☐ TRADEMARK/SERVICE MARK ☐ FICTITIOUS NAME

☐ FOREIGN QUALIFICATION ☐ LIMITED PARTNERSHIP ☐ LIMITED LIABILITY

☐ REINSTATEMENT ☐ MERGER ☐ WITHDRAWAL

☐ CERTIFICATE OF CANCELLATION

☐ OTHER:

STATE FEES PREPAID WITH CHECK # 70033993 FOR \$ 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

☐ CERTIFIED COPY
☐ CERTIFICATE OF GOOD STANDING
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

Examiner's Initials

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ITEX Professional Park, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher Akbari

Name of Person

ITEX Professional Park, LLC

Firm/Company

3735 Honeywood Court

Address

Port Arthur, Texas 77642

City/State and Zip Code

chris.akbari@itexgrp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Akbari

Name of Person

at (409) 724-0020

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: ITEX Professional Park, LLC
2. The Florida document number of this limited liability company is: M12000004203
3. Jurisdiction of its organization: Texas
4. Date authorized to do business in Florida: 07/23/2012

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: ITEX Partners Holdings, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
- _____

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2015 JAN 14 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

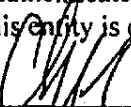
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Manager</u>	<u>K. T. Akbari</u>	<u>3735 Honeywood Court</u> <u>Port Arthur, TX 77642</u>	☐ Add ☒ Remove
<u>Manager</u>	<u>Christopher Akbari</u>	<u>3735 Honeywood Court</u> <u>Port Arthur, Texas 77642</u>	☐ Add ☒ Remove
<u>Manager</u>	<u>The ITEX Group Management, LLC</u>	<u>3735 Honeywood Court</u> <u>Port Arthur, TX. 77642</u>	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

2015 JAN 14 AM 11:56
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TALLAHASSEE, FLORIDA

FILED

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Christopher Akbari, Manager of The ITEX Group

Management, LLC
Typed or printed name of signer

Filing Fee: \$25.00

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Nandita Berry
Secretary of State

Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the attached is a true and correct copy of each document on file in this office as described below:

ITEX Partners Holdings, LLC
Filing Number: 800702770

Certificate of Amendment

December 15, 2014

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 13, 2015.



NANDITA BERRY

Nandita Berry
Secretary of State

Form 424

(Revised 05/11)

Submit in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512 463-5555
FAX: 512/463-5709
Filing Fee: See Instructions

**Certificate of Amendment**

This space reserved for office use.

FILED
In the Office of the
Secretary of State of Texas

DEC 15 2014

Corporations Section**Entity Information**

The name of the filing entity is:

ITEX Professional Park, LLC

State the name of the entity as currently shown in the records of the secretary of state. If the amendment changes the name of the entity, state the old name and not the new name.

The filing entity is a: (Select the appropriate entity type below.)

- | | |
|---|---|
| ☐ For-profit Corporation | ☐ Professional Corporation |
| ☐ Nonprofit Corporation | ☐ Professional Limited Liability Company |
| ☐ Cooperative Association | ☐ Professional Association |
| ☒ Limited Liability Company | ☐ Limited Partnership |

The file number issued to the filing entity by the secretary of state is: 800702770The date of formation of the entity is: September 1, 2006**Amendments****1. Amended Name**

(If the purpose of the certificate of amendment is to change the name of the entity, use the following statement)

The amendment changes the certificate of formation to change the article or provision that names the filing entity. The article or provision is amended to read as follows:

The name of the filing entity is: (state the new name of the entity below)

ITEX Partners Holdings, LLC

The name of the entity must contain an organizational designation or accepted abbreviation of such term, as applicable.

2. Amended Registered Agent/Registered Office

The amendment changes the certificate of formation to change the article or provision stating the name of the registered agent and the registered office address of the filing entity. The article or provision is amended to read as follows:

Registered Agent
(Complete either A or B, but not both. Also complete C.)

☐ A. The registered agent is an organization (cannot be entity named above) by the name of:

OR

☒ B. The registered agent is an individual resident of the state whose name is:

Christopher	A.	Akbari	
<i>First Name</i>	<i>Alt.</i>	<i>Last Name</i>	<i>Suffix</i>

The person executing this instrument affirms that the person designated as the new registered agent has consented to serve as registered agent.

C. The business address of the registered agent and the registered office address is:

3735 Honeywood Court	Port Arthur	TX	77642
<i>Street Address (No P.O. Box)</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

3. Other Added, Altered, or Deleted Provisions

Other changes or additions to the certificate of formation may be made in the space provided below. If the space provided is insufficient, incorporate the additional text by providing an attachment to this form. Please read the instructions to this form for further information on format.

Text Area (The attached addendum, if any, is incorporated herein by reference.)

☐ Add each of the following provisions to the certificate of formation. The identification or reference of the added provision and the full text are as follows:

☒ Alter each of the following provisions of the certificate of formation. The identification or reference of the altered provision and the full text of the provision as amended are as follows:

Article VI of the Certificate of Formation is amended to read as follows:

The Company shall have one (1) manager. The name and address of the sole manager of the Company shall be: The ITEX Group Management, LLC, 3735 Honeywood Court, Port Arthur, Texas 77642.

☐ Delete each of the provisions identified below from the certificate of formation.

Statement of Approval

The amendments to the certificate of formation have been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.

Effectiveness of Filing (Select either A, B, or C.)

- A. ☒ This document becomes effective when the document is filed by the secretary of state.
- B. ☐ This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: _____
- C. ☐ This document takes effect upon the occurrence of a future event or fact, other than the passage of time. The 90th day after the date of signing is: _____

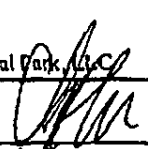
The following event or fact will cause the document to take effect in the manner described below:

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Date: December 10th, 2014

By: ITEX Professional Park, LLC



Signature of authorized person

By: Christopher A. Akbari, Manager

Printed or typed name of authorized person (see instructions)