L0400035429

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SEGRETARY OF STATE CORPORATIONS

09 OCT 19 PM 3: 45

T. HAMPTON
OCT 2 0 2009
EXAMINER

COVER LETTER

TO: Registration S Division of Co			•		
SUBJECT:	City Comme	rcial Properties, LLC			
SOBSECT:		ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		Joseph A. Porrello Name of Person			
		Name of Person			
Joseph A. Porrello,			······································		
		Firm/Company			
P.O. Box 4502					
Address					
		Miami, Florida 33245			
		City/State and Zip Code			
	E-mail address: (to be used for future annual report not	ification)		
For further information	concerning this matter, please of	call:			
Jos	eph A. Porrello	at (_305)_	374-0092		
Name	of Person	Area Code & Daytir	ne 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 enclose	\$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/COUR Registration Secti Division of Corpo Clifton Building			
		2661 Executive Center Circle Tallahassee, FL 32301			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

City Comm	nercial Properties, L	LC	
(<u>Name of the Limited Liabilit</u> (A Florida	Limited Liability Company)	its on our records.)	
The Articles of Organization for this Limited Liability (Company were filed on	May 10, 2004	and assigned
Florida document number L04000035429	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the wo	ords "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	•		
(Principal office address MUST BE A STREET ADD	RESS)		N S
Enter new mailing address, if applicable:			CRETARY OCT 19
(Mailing address MAY BE A POST OFFICE BOX)			3 200
			3: RATE
B. If amending the registered agent and/or regis		our records, <u>enter t</u>	ie name of the new
Name of New Registered Agent:			
New Registered Office Address:	E	nter Florida street addr	255
	City	, Florida	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 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

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:

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
		v*	Add Remove
			Add Remove
			Add Remove
	nding any other information, enter chang Article V shall be amended in its enti	e(s) here: (Attach additional sheets, if necessary.)	
	The Limited Liability Company sh		SECRETARY VISION OF CI 09 OCT 19
	The name and address of the Ma		- CT -
_	12450 Northwest South River Driv	ve, Miami, Florida 33178.	CORPO
	October 15, 20	009	TATE RATIONS 3: \$16
	,	or authorized representative of a member /icki L. Jimenez	
		or printed name of signee	

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Filing Fee: \$25.00