L05000036636

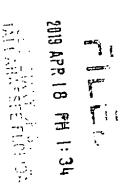
(Re	equestor's Name)	
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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
(Bi	usiness Entity Name	<u>.</u>
(De	ocument Number)	
Certified Copies	Certificates c	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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April 6, 2019

ROKKI ROGAN 1614 COLONIAL BLVD, STE 101 FORY MYERS, FL 33907

SUBJECT: LANDQWEST COMMERCIAL, LLC

Ref. Number: L05000036636

We have received your document for LANDQWEST COMMERCIAL, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce Corporate Records Supervisor II

2019 APR 18 FM 1: 34

Letter Number: 719A00006937

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	ind awest Com	mercial, LLC ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	R	OVICE Regard	. .	
	LandQuest	Commercial, LLC	<u> </u>	
	1614 Codesi	al Bwol Sut	2119 APR 18	earl
	Fort Myer	S FC 3390 City/State and Zip Code		
	SS † 0500 E-mail address: (to be used for future annual report notifi	eation)	- L+
For further information ec	oncerning this matter, please ca	all:	:•	
Stephani Name of	le Stinson	at (<u>239</u>) <u>333</u> Area Code Daytime	77 Telephone Number	
Enclosed is a check for th	e following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L050006346</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil Land Quest Commercial The new name must be distinguishable and contain the words "Limited Liability".	Fort Myers, L	e 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)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		· = = = = = = = = = = = = = = = = = = =
Name of New Registered Agent:		PR II
New Registered Office Address:	Enter Florida street address	
	, Florida	<u>;</u>
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ated <u>Pp</u>	11 15+1	-J:	901°	<u> </u>					

Page 3 of 3

Filing Fee: \$25.00