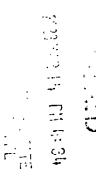
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Special Instructions to	Filing Officer:	
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Office Use Only



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R. HUNT 03/14/73

## **COVER LETTER**

TO: Registration S Division of Co				
\₩ Landawes	t Commercial Fort Myers, LLC		·	
SUBJECT:		ited Liability Company	<del></del>	
	Amendment and fee(s) are sub	-		
Please return all corresp	ondence concerning this matter	to the following:		
	Rokki Rogan			
		Name of Person	···	-
	Landqwest Commercial			
	-	Firm/Company		••••
	1614 Colonial Blvd, Suite	101		1 j
		Address		·
	Fort Myers, FL 33907			
		City/State and Zip Code		
	sstinson@lqwest.com	to be used for future annual report noti	tication)	:: - :: :: :: :: :: :: :: :: :: :: :: :: ::
For further information	concerning this matter, please c	·	Reactions	111
Rokki Rogan		239 333-4377 at ( )		
Name of Person			e Telephone Number	·
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T	porations	10
		Tallahassee, FL		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

landQwest Commercial Fort Myers, LLC	
(Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{04/13/200}{\text{Elorida document number}}$	5 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
LQ Commercial Fort Myers, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
B. If amending the registered agent and/or registered office address on our records agent and/or the new registered office address here:	, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida stre	et 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 capac provisions of all statutes relative to the proper and complete performance of my diaccept the obligations of my position as registered agent as provided for in Chapte being filed to merely reflect a change in the registered office address. I hereby concompany has been notified in writing of this change.	ities, and I am familiar with and er 605, F.S. Or, if this document is

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 femoved from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			_ □Remove
			_ □Change
			_ 🗆 Add
			_ □Remove
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ective date, if other the effective date is listed, the ter. If the date inserted is turnent's effective date of	n this block doe	s not meet the app	olicable statutory	or more than 90 days filing requirements	optional) after filing.) Pursua s, this date will not	nt to 605.02 t be listed :
reord specifies a delayed s filed.	effective date, b	but not an effectiv	re time, at 12:01 a	a.m. on the earlier o	of: (b) The 90th o	day after th
February 28	1	2023				
ted		//				

Filing Fee: \$25.00