

605000081986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

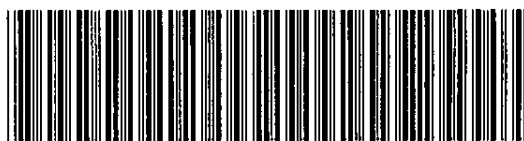
(Business Entity Name)

(Document Number)

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BUREAU OF CORPORATIONS
10 ACKNOWLEDGE
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

18 Aug 20 2014

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Vanderbilt Commercial Group LLC

Signature _____

Requested by: SETH

08/19/14

Name

Date

Time

Walk-In

Will Pick Up

☒ Art of Inc. File _____
☐ LTD Partnership File _____
☐ Foreign Corp. File _____
☒ L.C. File _____
☐ Fictitious Name File _____
☐ Trade/Service Mark _____
☐ Merger File _____
☐ Art. of Amend. File _____
☐ RA Resignation _____
☐ Dissolution / Withdrawal _____
☐ Annual Report / Reinstatement _____
☐ Cert. Copy _____
☐ Photo Copy _____
☒ Certificate of Good Standing _____
☐ Certificate of Status _____
☐ Certificate of Fictitious Name _____
☐ Corp Record Search _____
☐ Officer Search _____
☐ Fictitious Search _____
☐ Fictitious Owner Search _____
☐ Vehicle Search _____
☐ Driving Record _____
☐ UCC 1 or 3 File _____
☐ UCC 11 Search _____
☐ UCC 11 Retrieval _____
☐ Courier _____

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Vanderbilt Commercial Group 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 August 19, 2005 and assigned
Florida document number L05000081986

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "LLC."

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 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:

David J. Sockol, Esquire

New Registered Office Address:

325 5th Street South

Enter Florida street address

St. Petersburg

City

Florida 33701

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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Vanderbill Square Management, Inc.	3373 Crescent Oaks Blvd Tarpon Springs, FL 34688	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	John Rueda	3373 Crescent Oaks Blvd Tarpon Springs, FL 34688	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Steve Cuculich	1611 Renaissance Way Tampa, FL 33602	<input type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Sandra L. Cuculich-Winn	1611 Renaissance Way Tampa, FL 33602	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	Patricia Rueda	3373 Crescent Oaks Blvd Tarpon Springs, FL 34688	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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CLERK OF SUPERIOR COURT
DALE HASSEB, FLORIDA

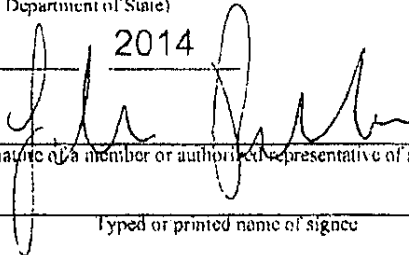
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 15 2014



Signature of a member or authorized representative of a member

John Rueda

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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