LD5000081986

(Re	questor's Name)	
(Ad	dress)	
(*	2,000)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
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PICK-UP	MAIT	MAIL
(Pu	siness Entity Name	۵)
(Du	Siness Entity Name	e)
(Do	cument Number)	· -
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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SHOWMED O

CAPITAL CONNECTION, INC.

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

anderbilt Commerc	ial Group LLC					
			-			
			-			
				Art of Inc. File		
			<u> </u>	LTD Partnership File		
				Foreign Corp. File		
				L.C. File		
				Fictitious Name File		
				Trade/Service Mark	_ 19	-;
				Merger File	JAN	·5
			X	Art, of Amend, File		Section 1
			\	RA Resignation		-
				Dissolution / Withdrawal		
				Annual Report / Reinstatement	_ မ	
				Cert. Copy		
				Photo Copy		
			<u>×</u>	Certificate of Good Standing		_
				Certificate of Status		
				Certificate of Fictitious Name		_
				Corp Record Search		
				Officer Search		
				Fictitious Search		
<u> </u>	· — —			Fictitious Owner Search		
Signature				Vehicle Search		
			·	Driving Record		
Requested by: SETH	01/10/10			UCC 1 or 3 File		
	$-\frac{01/10/19}{5}$	Time		UCC 11 Search		
Name	Date	Time		UCC 11 Retrieval	-	
Walk-In	Will Pick Up			Courier		

COVER LETTER

	istration Sec sion of Corp			
SUBJECT:	Vanderbilt (Commercial Group LLC		
SUBJECT.		Name of Limi	ted Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		David J. Sockol, Esquire		
			Name of Person	
		Law Office of David J. Soc	ckol, P.A.	
			Firm/Company	
		325 5th Street South		
		St. Petersburg, FL 33701	Address	
		sockolpa@sockol.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For further in	nformation c	oncerning this matter, please ca	all:	
David J. Soc	kol, Esquire		727 822-5200	
	Name o	f Person	at ()Area Code Daytime	Telephone Number
Enclosed is a	check for th	he following amount:		
□ \$25.00 F	iling Fec	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			·	

MAILING ADDRESS:

 $TO \cdot$

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

Vanderbilt Commercial Group LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) da 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 lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company "the designation "LLC" or t	he abbreviation "L. L. C."
The new manie must be distinguishable and contain die words. En	mined Entering Company, the designation LEC of the	
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADD	RESS)	<u> </u>
		.·*
		ري رئ
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg	·	iter the name of the
registered agent and/or the new registered office ad	<u>dress here</u> :	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	-
	2,00, 2,00, 22,00, 600	
	, Florid	
	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>	<u>Address</u>	Type of Action
MGR	Vanderbilt Square Management, Inc.	3373 Crescent Oaks Blvd	
		7. 6. 1. 21.24799	
		Tarpon Springs, FL 34688	5 .
			Remove
			☐ Change
	John Rueda	3373 Cresent Oaks Blvd	
MGR	V 3.11.		Add
	<u></u>	Tampa Springs, FL 34688	
			☐ Remove
			<u>.</u> .
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			Change
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			Change

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effective date is listed, the date mus	ock does not meet the applicable statutory t	(optional) or more than 90 days after filing.) Pursuant to 605 filing requirements, this date will not be liste
ecord specifies a delayed e 90th day after the rec		ve time, at 12:01 a.m. on the earlie
d	, 2019	
	Ugnature of a nember or authorized represents	

Page 3 of 3

Filing Fee: \$25.00