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SECRETARY OF STATE



## **COVER LETTER**

SUBJECT:Flo	Florida Commercial & Industrial Real Estate Specialists, LLC  Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	Jon Gress						
		Name of Person					
Florida Commercial & Industrial Real Estate Specialists, LLC							
Firm/Company							
7557 W Sand Lake Rd							
Orlando, FL 32819							
		City/State and Zip Code					
Jongress@gmail.com							
	E-mail address: (t	o be used for future annual report notificati	ion)				
For further information c	concerning this matter, please c	all:					
Jon Gress		at (_954_ <sub>)</sub> 980-0905					
Name of Person		Area Code & Daytime To	elephone Number				
Enclosed is a check for the	ne following amount:						
\$25.00 Filing Fee	□\$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:

1

Registration Section
Division of Corporations

TÓ:

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



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Florida Commercial & Ir	ndustrial Real Estate Spe	cialists, LLC	
(Name of the Limited Liability (A Florida	Limited Liability Company)	on our records.	
The Articles of Organization for this Limited Liability Of Comment number	Company were filed on	1/24/2007	and assigned
This amendment is submitted to amend the following:	24 132 1324		
A. If amending name, enter the new name of the lim	uted hability company nere	:	
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Compar	y," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD)	RESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
Maning undress MAT BE A FOST OFFICE BOX	<del></del>		<del></del>
		<del></del>	
B. If amending the registered agent and/or regis		ur records, <u>enter t</u>	he name of the new
registered agent and/or the new registered office add	iress nere:		
Name of New Registered Agent:			
New Registered Office Address:			
TION ASSESSMENT VILLED LANDONNI	Enter Florida street 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 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:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Manager	Kenneth Gress	4221 SW 140 Ave	X Add
		Davie, FL 33330	Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, ente	er change(s) here: (Attach additional sheets, if necessary.)	
	July 18	2011	SECRETARY OF STATE STATE SECRETARY OF CORPORATIONS  11 JUL 22 PM 12: 27
Dated	day 10	, 2011	\$
	Signature of a	a member of authorized representative of a member	<del></del>
		Jon Gress, Manager Typed or printed name of signee	<del></del>

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Filing Fee: \$25.00