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Tot

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: PAUL SALVER, P.A.

Account Number : I20020000087

Phone

: (954)389-1333

Fax Number

: (954)389-1397

## **LLCAMND/RESTATE/CORRECT OR M/MG RESIGN**

TRIPLE NET COMMERCIAL REAL ESTATE SERVICES, LLC

Certificate of Status Certified Copy 0 Page Count 02 \$30.00 Estimated Charge

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Corporate Filing Menu

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JUL - 9 2008

**EXAMINER** 

## ÅRTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Triple Net Commerc	cial Real Estate Services, LLC	
(Name of the Limited Liab (A Flori	pility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	and assigned	
Florida document number L07000026422	•	and work brown
This amendment is submitted to amend the following	्र इ:	
A. If amending name, enter the new name of the	limited liability company here:	n <del>ii</del> i.
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		&
(Principal office address MUST BE A STREET AD	DRESS)	<b>P</b> 3.7 3.4 4.7 4.7 4.7 4.7 4.7 4.7 4.7 4.7 4.7 4
Enter new mailing address, if applicable:		<b>5</b>
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
	,	
B. If amending the registered agent and/or registered agent and/or the new registered office a	gistered office address on our records, <u>enter ti</u> ddress here:	ne name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida street add	ress)
		<del></del>
	(City) Florida	(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.

07/08/2008	08:29	9543891397	PANAGOS SALVER COOK	PAGE 03/03
If amending or Managin	the Mana Member	igers or Managing Mo being added or remov	embers on our records, enter the title, name, and add	ress of each Manag
MGR = Man MGRM = M	ager		20 noth our records:	
<u>Title</u>	<u>Name</u>		<u>Address</u>	Type of Action
		•		Add Remove
				Add Remove
				Add Remove
<del></del>				Add Remove
				Add Remove
		·		Add Remove
). If amendin	g any othe	er information, enter c	change(s) here: (Attach additional sheets, if necessary.)	
Article	IV: The t	itle of Bruce Shweky cl	hanges from Managing Member to Manager	<del></del>
				<del></del>
Dated	<u>7-7-</u>	Signature of a mo	ember or authorized representative of a member	
		Bruc	e Shwe Ky yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00