

**L07000122010**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

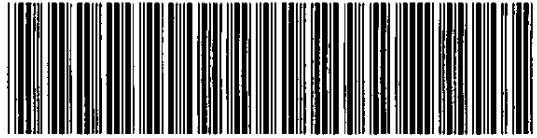
☐

WAIT

☐

MAIL

(Business Entity Name)



700159110797

08/03/09--01024--009 \*\*35.00

*Call  
Antonio  
954-647-0897  
  
He is only  
MERM  
Wanted to  
Remove  
Edge  
Financial*

**FILED**  
2009 AUG 11 PM 1:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**  
AUG 12 2009  
**EXAMINER**

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Commercial Property Partners, LLC

**DOCUMENT NUMBER:** L07000122010

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Emery

Name of Contact Person

Carvo & Emery

Firm/ Company

888 S. Andrews Ave. #201

Address

Fort Lauderdale, FL 33316

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Emery

Name of Contact Person

at ( 954 ) 524-4450

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 6, 2009

MICHAEL EMERY  
CARVO & EMERY  
888 S. ANDREWS AVE. #201  
FT. LAUDERDALE, FL 33316

SUBJECT: COMMERCIAL PROPERTY PARTNERS, LLC  
Ref. Number: L07000122010

We have received your document for COMMERCIAL PROPERTY PARTNERS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 809A00026926

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

COMMERCIAL PROPERTY PARTNERS LLC.

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2009 AUG 11 PM 1:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned  
Florida document number 407000122010

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

601 HERITAGE DR. #411  
JUPITER FL 33458

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

601 HERITAGE DR #411  
JUPITER FL 33458

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:

CARLO J. EMERY, P.A.

New Registered Office Address:

888 S. ANDREWS AVE #201

Enter Florida street address

FORT LAUDERDALE, Florida 33316

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.

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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

| Title | Name                | Address   | Type of Action   |
|-------|---------------------|---|--|
| MGRM  | ANTONIO AGLIONE     | 601 HERITAGE DR #41<br>JUPITER FLORIDA<br>33458 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGR   | CHUCK GORSON        |   | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR   | Edge Financial Inc. |   | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|       |                     |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                     |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                     |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

Dated

8/11/2009



MNG LLC.

Signature of a member or authorized representative of a member

ANTONIO AGLIONE

Typed or printed name of signee

2009 AUG 11 PM 1:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED