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S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 SEP 15 PM 2:46

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REIMAX COMMERCIAL ASSOCIATES, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jose M PADRON

Name of Person

REIMAX COMMERCIAL ASSOCIATES, LLC

Firm/Company

1960 N COMMERCE PKWY Suite 7

Address

Weston, FL 33326

City/State and Zip Code

jpadron@remax.net

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

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STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
16 SEP 15 PM 2:46

For further information concerning this matter, please call:

Jose M PADRON

Name of Person

at (954) 703-2021

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:
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**

RE/MAX COMMERCIAL ASSOCIATES, 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 08/04/2008 and assigned Florida document number L0800007459.6

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1960 N COMMERCE PKWY
Suite 7
Weston, FL 33326

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1960 N COMMERCE PKWY
Suite 7
Weston, FL 33326

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:

JOSE M. PADRON

New Registered Office Address:

1960 N COMMERCE PKWY

Enter Florida street address

Weston

City

Florida

33326

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>	<u>Type of Action</u>
AMBR	GASTON Reboredo	20345 Boca West Dr. #1003 Boca Raton, FL 33434	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Jose M. PADRON	1317 NE 6th Street Fort Lauderdale, FL 33304	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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16 SEP 1 PM 46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

18 SEP 15 PM 2:4

16 SEP 15 PM 2:47

SEATTLE, WASH. (AP) — The
Seattle Seahawks have signed
free agent defensive end
DeMarcus Ware to a one-year
contract, the team announced
Monday.

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


(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated September 13th, 2016.

h, 2016.



Signature of a member or authorized representative of a member

Gisela PADRON
Typed or printed name of signee