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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 6, 2017

JOSE PADRON 1960 N COMMERCE PKWY #7 WESTON, FL 33326

SUBJECT: RE/MAX COMMERCIAL ASSOCIATES, LLC

Ref. Number: L08000074596

We have received your document for RE/MAX COMMERCIAL ASSOCIATES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

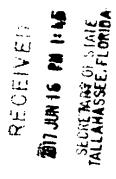
The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L14000040660.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 717A00011374



## **COVER LETTER**

Division of	Corporations								
SUBJECT:	Zemou Comm	nercical Associated Liability Company	rates.						
	ivaine of Lim	ned Daminy Company							
The enclosed Articles	s of Amendment and fee(s) are sub	mitted for filing.							
Please return all corre	espondence concerning this matter	to the following:							
	Jose M. Padron								
	_	Name of Person							
		111 (1)							
	Firm/Company								
	1960 N. Commerce Parkw	ray #7							
Address									
	Weston FL. 33326								
		City/State and Zip Code							
	JPADRON@REMAX.NET		·						
	E-mail address: (	to be used for future annual report notif	ication)						
For further information	on concerning this matter, please c	all:							
Helen Padron		954 703-2021							
Nar	ne of Person	at () Area Code Daytime	: Telephone Number						
Enclosed is a check f	or the following amount:								
■ \$25.00 Filing Fee	e S30.00 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		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>08/04/2008</u>	and assigned
Florida document number L08000074596		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Commercial Associates LLC Commercial Re	L Associates, LL	<u>.</u>
The new name must be distinguishable and contain the words "Limited Liabi  Enter new principal offices address, if applicable:	ility Company," the designation "LLC" or the	abbreviation "L_LC."
Enter new principal offices address, if applicable:		T S S T
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:		6 P
(Mailing address MAY BE A POST OFFICE BOX)		3)AS
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		r the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida _	
·	Cuy	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>	

Thereby 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00