## 108000074596

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## COVER LETTER

то:		ration Sect on of Corp						
CHD IE		ommercialI						
SUBJE	CI;		Name of Lim	ited Liability Con	npany		_ <del></del>	
The enc	losed A	rticles of A	mendment and fee(s) are sub-	mitted for filing	<b>.</b>			
Please re	eturn al	l correspon	dence concerning this matter	to the following	<b>g</b> :			
			Jose M. Padron					
				Name of I	erson			_
			CommercialRE Associates	s, LLC				
				Firm/Con	ıpany			<del>_</del>
			1960 N Commerce Pkwy S	Suite 7				
			<del></del>	Addre	ss			_
			Weston, FL 3326					
				City/State and	Zip G	ode		_
			joems@msn.com					
			E-mail address: (		ure ann	ual report notifica	ation)	
For furtl	her info	rmation cor	ncerning this matter, please co	ali:				
Jose M	Padron			954 at (		703-2021		
_		Name of I	Person	Area	Code	Daytime T	elephone Numb	er
Enclose	d is a cl	neck for the	following amount:		1			
\$25	.00 Filii	ng Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Fi Certified (additional	l Copy		Certifie	Filing Fee, cate of Status & cd Copy at copy is enclosed)
		Registrat Division P.O. Box	NG ADDRESS: tion Section of Corporations (6327 see, FL 32314		Régis Divis Clifto 2661	EET/COURIEI stration Section ion of Corporati on Building Executive Cent hassee, FL 3230	ions er Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2017 JUL 31 PM 1: 47

CommercialRE Associates, LLC	1	CAHASICY OU
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our	records.) St. C. P. A.
(A Florida Eminted I.	Hatrinty Company)	records.)
The Articles of Organization for this Limited Liability Company	were filed on 08/04/2008	
lorida document number L08000074596		
This amendment is submitted to amend the following:	i	
A. If amending name, enter the new name of the limited liabi	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
• •		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
•		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered of	fice address on our re	ecords, enter the name of the n
egistered agent and/or the new registered office address here	<u>}</u> :	
Name of New Registered Agent:		
Name of New Registered Agent.		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	1	
	Enter Florida street	address
		, Florida
	City	Zip Code
' Di d 4 Si if alli Di d 4	·	•
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duti provided for in Chapter	ies, and I am familiar with and 605. F.S. Or, if this document is
	!	
If Chan	ging Registered Agent, Sign	nture 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> Type of Action 1960 N Commerce Pkwy, suite 7 **AMBR** Steven Rosa **■** Add Weston, FL 33326 ☐ Remove ☐ Change 1960 N Commerce Pkwy, suit 7 **AMBR** Miren Helen Padron ■ Add Weston, FL 3326 ☐ Remove ☐ Change **AMBR** Gisela Padron 17600 Collins Avenue □ Add Sunny Isles Beach, FL 33160 **■** Remove ☐ Change □ Add ☐ Remove □ Change ∏ Ω Refilove Ch<del>ạ</del>nge □ Add ☐ Remove □ Change

If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
	7 <u>111 JUL 3</u>
(If an effectiv <u>Note:</u> If th	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time; at 12:01 a.m. on the earlier of: the day after the record is filed.
Dated	July 26th 2017
	Signature of a member or authorized representative of a member
	Jose Mr. Padron
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00