## L09000049292

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SECRETARY OF STATE
ALLAHASSEE FLORIOA

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: MAXIM COMMERCIAL REALTY UC  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:	
DAMUEL MACON TOMLINSON  Name of Person	
MAXIM COMMERCIAL REALTY UC Firm/Company	
226 NORTH KENTICKY AVENUE Address	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Samuel Maem Tomiuson at (863) 608-0938  Name of Person 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 & Certificate of Status & Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)	ed)

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 FLED TO ARTICLES OF ORGANIZATION 09 JUL - 1 AM 11: 50 OF SECRETARY OF STATE

MAXIM COMMERCIAL REALTY 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 Limite	ed Liability Company were filed on 05/20/2009	and assigned
Florida document number <u>L0900004929</u>	92·	
This amendment is submitted to amend the	e following:	
A. If amending name, <u>enter the new nar</u>	me of the limited liability company here:	
The new name must be distinguishable and en 'L.L,C."	nd with the words "Limited Liability Company," the des	signation "LLC" or the abbreviation
B. If amending the registered agent a registered agent and/or the new registered	and/or registered office address on our record ed office address here:	ls, <u>enter the name of the new</u>
		ls, <u>enter the name of the new</u>
registered agent and/or the new registere		ls, <u>enter the name of the new</u>
Name of New Registered Agent:	ed office address here:	a street address)
Name of New Registered Agent:	ed office address here:  (Enter Florida	

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.

(If Changing Registered Agent, Signature of New Registered Agent)

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:

	= Manager I = Managing Member	•	
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	_		Add Remove
<del> </del>	<del></del>		Add Remove
			Add Remove
	· 		Add Remove
	<del>.</del>		Add Remove
<del></del>			Add Remove
D. If a	mending any other information, enter change(s		-
	Article IV: The Registered Agent is not name of the current Registered Agent:	to be changed. Please record the full Samuel Macon Tomlinson	
	Article V. The Member of the LLC is no	ot to be changed. Please record the full	2 -
	name of the current Member: Samuel N	Macon Tomlinson	PE STATE
Dated _		authorized representative of a member	
	Samuel Macon Tomlinson, Member Typed or	printed name of signee	

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Filing Fee: \$25.00