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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

JUN 2 9 2010

EXAMINER

## **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJE	CT:	NYFL Comme	ercial Holdings, LLC	•
		Name of Limit	ed Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
			Constantina Venetis	
			Name of Person	•
		NYFL C	Commercial Holdings, LLC	
		·	Firm/Company	
18011 S. Tamiami Tr., Ste# 16-PMB				53
			Address	
		F	ort Myers, Fl 33908	
			City/State and Zip Code	
		Ven E-mail address: (to	vp@embarqmail.com  be used for future annual report notifica	tion)
For fur	ther information co	oncerning this matter, please ca		,
Tom Venetis			at (	90-2826
	Name of	Person	Area Code & Daytime T	elephone Number
Enclose	ed is a check for the	e following amount:	,	
<b>2</b> \$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

NYFL	Commercia	al Holdings, L	LC	
(Name of the Limited (A	<b>Liability Compa</b> Florida Limited L	ny as it now appear iability Company)	s on our records.)	
The Articles of Organization for this Limited Li	ability Company	were filed on	09/30/2009	and assigned
Florida document number L09000094	544			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company hero	<u>e:</u>	
				9
The new name must be distinguishable and end with "L.L.C."	h the words "Limi	ted Liability Compa	ny," the designation "LI	C" or sabla Kation
Enter new principal offices address, if applica	able:			PF PF
(Principal office address MUST BE A STREE	T ADDRESS)			2000 0000 0000 0000 0000 0000 0000 000
				POF
				ATION AND A STATE OF THE STATE
Enter new mailing address, if applicable:		NYFL Comme	ercial Holdings, LL	C 8
(Mailing address MAY BE A POST OFFICE I	<u> </u>	18011 S. Tan	niami Tr., Ste# 16-	PMB 153
		Fort Myers, F	I 33908	
B. If amending the registered agent and/o registered agent and/or the new registered off			ur records, <u>enter th</u>	e name of the new
Name of New Registered Agent:	Constantina	Venetis c/o Th	e Springs Resort	
New Registered Office Address:	18051 S. Ta	ımiami Trail		
		Ent	er Florida street addr	ess
	F	ort Myers	, Florida	33908
		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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGR MGR	Tom Venetis  Constantina Venetis	10090 Intercom Drive Unit B13 Fort Myers, Fl 33913	Add Remove
<u>//GR</u>	Constantina Venetis		
		c/o The Springs Resort 18051 S. Tamiami Trail Fort Myers, Fl 33908	✓ Add Remove
			Add Remove
			Add Remove
			□Add □Remove
<del></del>			Add Remove
). If amendin	ng any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	_
			DIVISION OF C
Dated	[8110 ,	HIOI Vando	Y OF STATE ORPORATIONS PM 1: 85
	Signature of a mem	ber or authorized representative of a member Constantina Venetis	<i>U</i> ,

Page 2 of 2

Filing Fee: \$25.00