

L09000103822

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 OCT 28 AM 10:49

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C. LEWIS

OCT 29 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMMERCIAL CAPITAL ADVISORS, 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:

CANDICE N CARR, ESQ.

Name of Person

OUELLETTE & ASSOCIATES, LLC

Firm/Company

10620 GRIFFIN ROAD, SUITE 207

Address

COOPER CITY, FL 33328

City/State and Zip Code

Candice@Broward-Law.Com

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

For further information concerning this matter, please call:

Candice N. Carr

Name of Person

at (954)

727-3347

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**

FILED

2010 OCT 28 AM 10:49

COMMERCIAL CAPITAL ADVISORS, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on October 27, 2009 and assigned
Florida document number L09000103822.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

10295B NW 46th Street

(Principal office address MUST BE A STREET ADDRESS)

Sunrise, Florida 33351

Enter new mailing address, if applicable:

10295B NW 46th Street

(Mailing address MAY BE A POST OFFICE BOX)

Sunrise, Florida 33351

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:

New Registered Office Address:

Enter Florida street address

Florida

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Adam J. Ouellette	10620 Griffin Road Suite 207 Ft. Lauderdale, FL 33328	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Adam Von Romer	10295B NW 46th Street Sunrise, Florida 33351	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated October 22, 2010

Signature of a member or authorized representative of a member

Adam J Ouellette

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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