

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name : SQUIRE SANDERS & DEMPSEY

Account Number : I20020000175 Phone : (813)202-1300 Fax Number : (813)202-1313

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address:

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COMMONWEALTH OFFICE CONDO B, LLC

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EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

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17.59;55 01-19-2010

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Commonwealth Office Condo B, 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 Limited Liability Company w	vere filed on January 6, 2010 and assigned			
Florida document numberL10000001581				
	7. 20			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company here:				
	SS 20			
The new name must be distinguishable and end with the words "Limite	d Liability Company," the designation "LLC" or the abbreviation			
"L.L.C."	三 三 三			
Enter new principal offices address, if applicable:	1647 SUN CATY CENTER BALA 204E			
(Principal office address MUST BE A STREET ADDRESS)	SUN CITY CENTER TO 335 13			
•				
Estavano malling address if analisables	(Same)			
Enter new mailing address, if applicable:	(Same)			
(Mailing address MAY BE A POST OFFICE BOX)				
•	***************************************			
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 berg:				
regarded and property of the second s				
Name of States of Access o				
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	e 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 Changlan Recistered Agent, Signature of New Registered Agent				
If Changing Remistered Agent, Signature of New Registered Agent				

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18:00:26 01-19-2010

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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

Title	Name	<u>Address</u>	Type of Action
MGRM	Stanley P. Whitcomb	1647 Sun City Center Plaza Suita 204-E Sun City Center, Florida 33573	Add Z Remove
<u>MGRM</u>	Stanley P. Whitcomb, Jr. Revocable Trust dated Sept. 29, 2005	1647 Sun City Center Plaza Suite 204-E Sun City Center, Florida 33573	Add 20 L
MGRM	Estepona Investments, Inc.	6222 De Zavala #203	A Add N
	·	San Antonio, Texas 78249	AM IO: 29
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_

	James 10 20	010	
Dated	B	r or authorized roprosentative of a member	
	Smite	in MAILTCOMES I or printed name of signee	
		Day 2 -62	

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Filing Fee: \$25.00

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