

40000047985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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10 JUN 21 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JUN 22 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RESEARCH COAST COMMERCIAL REAL ESTATE, 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:

BRIAN SHARKEY
Name of Person

Firm/Company

1860 SW FOUNTAINVIEW BLVD, SUITE 210
Address

PORT ST LUCIE, FL 34986
City/State and Zip Code

SHORT@SHARKEYRE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRIAN SHARKEY at (772) 204-9969
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 & 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

FILED
10 JUN 21 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

RESEARCH COAST COMMERCIAL REAC ESTATE, 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 were filed on 5/4/2010 and assigned
Florida document number L100000 47985.

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:

(Principal office address MUST BE A STREET ADDRESS)

1680 SW FOUNTAINVIEW BLVD
Suite 210
PORT ST LUCIE, FL 34986

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1680 SW FOUNTAINVIEW BLVD
Suite 210
PORT ST LUCIE, FL 34986

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:

BRIAN SHARKEY

New Registered Office Address:

1680 SW FOUNTAINVIEW BLVD, SUITE 210
Enter Florida street address
PORT ST LUCIE, Florida 34986
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.

(Signature)
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>
MR	SHAWN REILLY	893 SW GRAND RESERVE BLVD PORT ST LUCIE, FL 34906	<input type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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 10 JUN 21 PM 3:07
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated June 11, 2010



 Signature of a member or authorized representative of a member
 Brian Sharkey

 Typed or printed name of signee