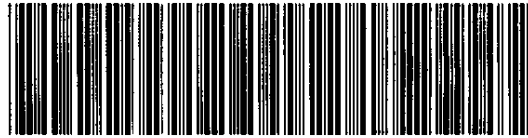


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

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(Document Number)

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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)

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

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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

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

RESEARCH COAST COMMERCIAL REAL 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 L10000047985.

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

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.



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


Title	Name	Address	Type of Action
MGR	SHAWN REILLY	893 SW GRAND RESERVES 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.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Dated June 11, 2010

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

Brian Sharkey  
 \_\_\_\_\_  
 Typed or printed name of signee