## L1000100763

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**EXAMINER** 



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SECRUTARY OF STATE OVER THE COMPORATIONS

## **COVER LETTER**

	Division of Co		
SURIE	ЕСТ:	Mercantile P	roperties Group, LLC
3000	<u> </u>		nited Liability Company
The end	closed Articles of	f Amendment and fee(s) are su	abmitted for filing.
Please 1	return all corresp	ondence concerning this matte	er to the following:
			John Hyre Name of Person
		L	huro Logal Croup L.D.
			Hyre Legal Group, L.P. Firm/Company
			5329 N. High St.
			Address
			Columbus, OH 43214
		-	City/State and Zip Code
		jol E-mail address:	hnhyre@ameritech.net (to be used for future annual report notification)
For furt	her information of	concerning this matter, please	·
		John Huro	04.4 207.0444
·······		John Hyre of Person	at ( 614 ) 207-2441  Area Code & Daytime Telephone Number
Enclose	d is a check for t	he following amount:	
<b>√</b> \$25. ,	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT

Mercantile Properties Group, LLC

ARTICLES OF ORGANIZATION

(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 September 27, 2010 and assigned Florida document number \_\_\_\_\_L10000100763 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Mercantile Property Group, LLC 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) Enter new mailing address, if applicable: (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 here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

New Registered Agent's Signature, if changing Registered Agent:

4

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

or Manag MGR = M MGRM =	ing Member being added or rem    anager  Managing Member	Members on our records, <u>enter the title, noved from our records</u> :	ODECIA
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			[] D
D. If ame	nding any other information, en	ter change(s) here: (Attach additional she	ets, if necessary.)
- -			
Dated	November 8	, 2010	
	/ /	a member or authorized representative of a me	ember
	/ / / Joni	1 Hyre, Authorized Representative Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00