

L10000108873

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

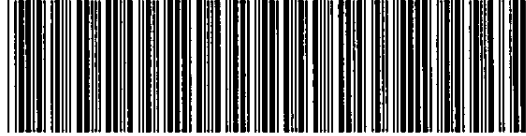
(Business Entity Name)

(Document Number)

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2015 JUL 24 PM 12:33
CLERK OF STATE
TALLAHASSEE, FLORIDA

N. O'Fallon JUL 27 2015

BRYAN J. STANLEY, P.A.

ATTORNEY AT LAW

209 TURNER STREET
CLEARWATER, FLORIDA 33756

TELEPHONE (727) 461-1702
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E-MAIL: david@bryanjstanley.com

July 23, 2015

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Articles of Amendment to Articles of Organization
Our File No.: 10419-0003

Ladies and Gentlemen:

Enclosed herewith please find the following items related to the above-referenced matter:

1. Cover Letter and Articles of Amendment to Articles of Organization of Commercial Development Lending, LLC;
2. Cover Letter and Articles of Amendment to Articles of Organization of Rock Development Group, LLC;
3. Cover Letter and Articles of Amendment to Articles of Organization of Doganiero Brothers, LLC; and
4. Cover Letter and Articles of Amendment to Articles of Organization of Bay Arbor Place, LLC.

We also enclose this firm's check in the amount of \$100.00 which represents payment of the related filing fees. Following the filing of the above-referenced Articles of Organization, please direct your letter acknowledging same to the undersigned. Thank you for your prompt attention to this matter.

Sincerely,

BRYAN J. STANLEY, P.A.



David R. Phillips, Esq.

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Commercial Development Lending, 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:

Bryan J. Stanley, Esq.

Name of Person

Bryan J. Stanley, P.A.

Firm/Company

209 Turner Street

Address

Clearwater, FL 33756

City/State and Zip Code

bryan@bryanjstanley.com

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

For further information concerning this matter, please call:

Maria Fernandez

727 461-1702
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

2015 JUL 24 PM 12: 33

SEAL STATE
TALLAHASSEE, FLORIDA

Commercial Development Lending, 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 October 19, 2010 and assigned
Florida document number L10000108873.

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 contain 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

_____, 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|-------------------------------|---|
| MGR | Blake Doganiero | 535 Hercules Avenue, Ste 201B | <input checked="" type="checkbox"/> Add |
| | | Clearwater, FL 33764 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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SHERIFF'S OFFICE
TALLAHASSEE, FL 32304

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated July 21 2015

Signature of a member or authorized representative of a member

Phil Doganiero

Typed or printed name of signee