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Office Use Only



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AUG 22 2013 J. BRYAN

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

COMMERCE STREET PROPERTIES, 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:

JONATHAN D. BELOFF

Name of Person

BELOFF | PARKER | JACOBS, PLC

Firm/Company

1691 MICHIGAN AVENUE SUITE# 320

Address

MIAMI BEACH, FLORIDA 33139

City/State and Zip Code

JDB@BELOFFPARKER.COM

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

For further information concerning this matter, please call:

JONATHAN D. BELOFF

<u>305</u>673-1101

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

COMMERCE STREET PROPERTIES, 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 Comp | the following: name of the limited liability company here: lend with the words "Limited Liability Company," the designation "LLC" or the abbreviation applicable: STREET ADDRESS) | | |
|--|---|---------------------------------------|--|
| Florida document number L11000072494 | | _ | |
| This amendment is submitted to amend the following: | itted to amend the following: enter the new name of the limited liability company here: tinguishable and end with the words "Limited Liability Company," the designation "LLC" of the abbreviation (ices address, if applicable: EMUST BE A STREET ADDRESS) ress, if applicable: BE A POST OFFICE BOX) registered agent and/or registered office address on our records, enter the name of the new the new registered office address here: Registered Agent: d Office Address: | | |
| A. If amending name, enter the new name of the limited | liability company here: | が 一 何 | |
| | | 河外主し | |
| The new name must be distinguishable and end with the words "L.L.C." | Limited Liability Company," the | designation "LLC" of the abbreviation | |
| Enter new principal offices address, if applicable: | ************************************** | Y | |
| (Principal office address MUST BE A STREET ADDRESS | 3) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address | l office address on our reco | | |
| 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 Ag | ent: | | |

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

| e of Action |
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| August 20th | 2013 | |
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| | Le , all | |
| | Signature of a member or authorized representative of a member JONATHAN D. BELOFF, ATTORNEY | |

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Filing Fee: \$25.00

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