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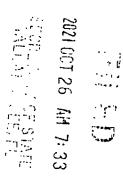
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A. BUTLER

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## TO: Registration Section Division of Corporations CTFY Commercial, LLC SUBJECT: \_ 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: Lee Zerivitz Name of Person CTTY Commercial, LLC Firm/Company 1101 Symonds Ave., Suite 600 Address Winter Park, FL 32789 City State and Zip Code lee@citycommercial.com E-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: Lee Zerivitz 407 929-3598 Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: S25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed). Certified Copy (additional copy is enclosed)

Street Address:

Registration Section

Division of Corporations

The Centre of Tallahassee

Mailing Address:

P.O. Box 6327

Registration Section

Division of Corporations

Tallahassas CL 20014

## DocuSign Envelope ID. 4089F26B-4143-4F08-8FC6-7B5EA13B5A9A **ARTICLES OF AMENDMENT** TO ARTICLES OF ORGANIZATION ED

CTTY Commercial, LLC

2021 OCT 26 AM 7: 33

If Changing Registered Agent, Signature of New Registered Agent

(Name of the Limited Liability Company (A Florida Limited Liab	as it now appea olity Company)	ers on our recor	rds. CF STATE
The Articles of Organization for this Limited Liability Company we		11.	and assigned
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	y company h	i <u>ere</u> :	
The new name must be distinguishable and contain the words "Limited Liability	Company," the	designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_		
(Principal office address MUST BE A STREET ADDRESS)			<u></u>
-		_	<del>_</del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
-			
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	ress on our i	records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	rīda street addre	285
		F	lorida
New Registered Agent's Signature, if changing Registered Agent:	Ciţy		Zip Code
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office adcompany has been notified in writing of this change.	rformance of vided for in (	f my duties, a Chapter 605,	nd I am familiar with and F.S. Or, if this document is

DocuSign Envelope ID. 4089F26B-4143-4F08-8FC6-7B5EA13B5A9A in amending Authorized rerson(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> MGR	<u>Name</u> Lity Zerivitz	Address 1101 Symonds Ave., Ste 600, Winter Park, F1,32789	Type of Action
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Tective date, if other than the one effective date is listed, the date must tee: If the date inserted in this blocument's effective date on the De	ock does not meet the app	plicable statutory fil	(option more than 90 days after f ling requirements, this	na <b>l)</b> iling.) Pursuant to 605.02 date will not be listed :
cord specifies a delayed effective s filed.	date, but not an effectiv	e time, at 12:01 a.n	n, on the earlier of: (b)	The 90th day after th
	2021			
October 19 ed	<u> </u>	·		
DocuSigned by:	Signature of a member or a	·		

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