

L11000094563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

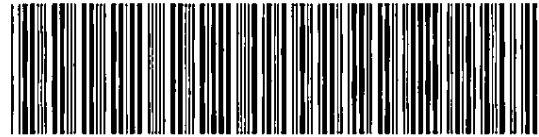
(Business Entity Name)

(Document Number)

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17 OCT 12 AM 8:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

OCT 13 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Structure Commercial Property Management, LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

J.R. Long

(Contact Person)

(Firm/Company)

825 Thomasville Road

(Address)

Tallahassee, FL 32302

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Rayboun

at (850) 907-3313

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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

Structure Commercial Property Management, 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 8-17-2011 and assigned Florida document number L11000094563.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1705 Metropolitan Blvd.  
Suite 201  
Tallahassee, FL 32308

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 13701  
Tallahassee, FL 32317

**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:

Mark Haney

New Registered Office Address:

1656 Metropolitan Circle

*Enter Florida street address*

Tallahassee

*City*

Florida 32308

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TALLAHASSEE, FL  
CLERK OF CIRCUIT COURT  
JANET W. BROWN

**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/AN	Joseph R. Long, III	825 Thomasville Road	<input type="checkbox"/> Add
		Tallahassee, FL 32302	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR/AN	Patrick S. Proctor	825 Thomasville Road	<input type="checkbox"/> Add
		Tallahassee, FL 32302	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated September 29 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee

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TALLAHASSEE, FLORIDA