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TO:

Registration Section

Tallahassee, FL 32314

Division of Corp	ocrations			
SUBJECT:	TIA CON	MERCIAL LLC		
5056C1.		ted Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	en e	
Please return all correspon	ndence concerning this matter	to the following:		
		IOAAO TODD IMAAN		
	ISAAC TORDJMAN Name of Person			-
				75 20
	TIA COMMERCIAL LLC Firm/Company			
		2013 APR 18 SECKEDAR FALLAHASS		
	21304 ROCKRIDGE DRIVE Address			- m
	BOCA RATON FL 33428			Y L: LA OF STATE . FEORID!
		City/State and Zip Code		
,	E-mail address: (1	o be used for future annual repor	t notification)	,
For further information con	ncerning this matter, please c	all:		
ISAAC	TORDJMAN	at (954)	871-5665	
Name of	Person	Area Code & I	er	
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 en	closed) Certifie	ate of Status & d Copy
			(additio	nal copy is enclosed)
				-m - *
	NG ADDRESS:		OURIER ADDRESS:	
	tion Section of Corporations	Registration Division of C		
P.O. Box 6327		Clifton Build	ling	

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NA COMM	IERCIAL LLC			
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears d Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Compa. Florida document numberL12000027681	ny were filed on	2-27-2012	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company here	:		
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Compan	y," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			5 3	
			<u> </u>	
Enter new mailing address, if applicable:			APR 18	
(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 he		ır records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Ente	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 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 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 Title Name <u>Address</u> **Type of Action BONNIE TORDJMAN** MGRM 21304 ROCK RIDGE DRIVE 🔽 Add Remove **BOCA RATON** FL 33428 **ANNA BALHSAN** MGRM 7605 169 STREET ✓ Add **ERESH MEADOW** Remove NY 11366 ☐ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 15TH OCTOBER 2012

ISAAC TORDJMAN

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00