# L12000085288

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## **COVER LETTER**

LLC

Division of Corp	orations			
SUBJECT: PAUC	HLUPO ROBERT.	SON + CO. COMMERC	IAL REAL	ESTATE
	Name of Limit	ted Liability Company		
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return all correspond	dence concerning this matter t	o the following:		
	MICH	AEL RAUCH		
		Name of Person		
	RAUCH LUPO ROI REAL ESTATE	BERTSON +CO. COMM	ERCIAL	
		Firm/Company		
	301 CRAWFO	RD BOULEVARD 4.	200	
		Address		
	BOCA RATON	FLORIDA 3343	2 FALL	20
		City/State and Zip Code	AR	Town Law
		US @ GMAIL. com	( ' 1	8 2
	E-mail address: (to	o be used for future annual report notifi	cation)	م ا
For further information con	ncerning this matter, please ca	11:		J
MICHAEL	RAUCH	at(954) 242	2806	) 2: 30
Name of l	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)	Certified	te of Status &

#### **MAILING ADDRESS:**

TO:

Registration Section

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**

RAUCH LUPO RUBERTSON 400. COMMERCIAL REAL ESTATE 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  Florida document number	were filed on	6/28/2	012	_ and assign	ed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	lity company ho	ere:			
RAUCH ROBERTSON + CO. COMME					
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the d	lesignation "LLC" o	or the abbre	viation "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 of	fice address or	ı our records,	enter the	e name of	the new
registered agent and/or the new registered office address here	•				
Name of New Registered Agent:			AHAS		<u>,                                      </u>
New Registered Office Address:			175-≾		
	Enter Floi	rida street address Flor	F (2)	, <u>D</u>	
	City	, F101	> (	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>	Address	Type of Action
MGR	RAUCH HARTMAN SHE	PER +CO. PA	🗖 Add
		301 CRAWFORD RUD . #200 BOCA KNOW FL 33432	Remove
			Change
MGR MICHAEL RAUCH PA	MICHAEL RAUCH PA	6565-A PARKVIEW DRNE BOCA RATUN FL 33433	Add .
			□ Remove
			Change
			Add
			Remove
			□ Change
			Add
		2016 AUG 29 FU SUCRETARY OF TALLAHASSEELF	Remove
		FLORIDA DANC	□ <del>A</del> dd
			☐ Change
			□ Add
			□ Remove
			☐ Change

, r	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
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-	<del>-</del>
	-
an ei lote:	tive date, if other than the date of filing:(optional)  ffective 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.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
e re The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 20th day after the record is filed.
ated	
	Signature of a member or authorized representative of a member
	MICHAEL RAUCH
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00