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## **COVER LETTER**

TO: Registration Section Division of Corporations RAUCH ROBERTSON COMERCIAL REALTY ADVISORS 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: MICHAEL RAUCH Name of Person MICHAEL RAUCH, PA Firm/Company 5842 VISTA LINDA LN. Address **BOCA RATON, FLORIDA 33433** City/State and Zip Code TRIATUS@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MICHAEL RAUCH 242-2806 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ■ \$60.00 Filing Fee,

**Mailing Address:** 

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

Certificate of Status

Street Address:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RECEIVED
JUN 22 1070

Certificate of Status &

(additional copy is enclosed)

Certified Copy

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## RAUCH ROBERTSON COMERCIAL REALTY ADVISORS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	6/28/2012			
The Articles of Organization for this Limited Liability Compan	y were filed on	and assigned		
Florida document number L12000085288				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or	the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		<b>20</b> /		
		हैं हैं ग		
		24		
Enter new mailing address, if applicable:		% <b>₹ 11</b>		
(Mailing address MAY BE A POST OFFICE BOX)		S S S S S S S S S S S S S S S S S S S		
		ATE		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the	name of the new registered		
New Registered Office Address:	Enter Florida street address			
	T1	ri		
<del></del>	Florid	Zip Code		
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>			
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my duties, and I provided for in Chapter 605, F.S	am familiar with and Or, if this document is		
I <del>I</del> Ch:	anging Registered Agent, Signature of Ne	w Registered Agent		

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added . or kimoved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MICHAEL RAUCH, PA	5842 VISTA LINDA LN.	<b>≣</b> Add
		BOCA RATON, FLORIDA 33433	□ Remove
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		-
М	GR MICHAEL RAUCH, PA	_
58-	42 VISTA LINDA LN. BOCA RATON FLORIDA 33433	_
М	GR THOMA'S ROBERTSON, PA	-
13:	20 SW 15TH STREET BOCA RATON FLORIDA 33486	<u>-</u>
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cord :	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afted.	r the
ied	MUNE 17, ELLES	

Filing Fee: \$25.00