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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

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T. MATTHEWS

JUL 13 2022

RECEIVED

FLORIDA DEPARTMENT OF STATE

Division of Communication of Division of Corporations

May 25, 2022

THOMAS ROBERTSON 1320 SW 15 STREET BOCA RATON, FL 33486

SUBJECT: RAUCH ROBERTSON COMMERCIAL REALTY ADVISORS LLC

Ref. Number: L12000085288

We have received your document for RAUCH ROBERTSON COMMERCIAL REALTY ADVISORS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 522A00011872

Tekayla T Matthews **OPS**

www.sunbiz.org

COVER LETTER .

SUBJECT: RANCH PORRECTON (COMMERCIAL PEALTY ADVISORS) 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: THOMA'S ROBERTSON Name of Person RANCH POBERTSON (COMMERCIAL REALTY AONSOR), Firm/Company 13.20 SW 15 th STREET Address POCKA PATON FL 33486 THOMSELT SON & RECRA. (COMMERCIAL REALTY AONSOR), For further information concerning this matter, please call: THOMAS ROPERTSON at (SQL) 70.3 - 08.88 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: LAURADY WITH STATE OH/2020 \$\frac{1}{2}\$ \$55.00 Filing Fee & Certificate of Status & Certificat Copy (additional copy is enclosed)	TO:	Registration So Division of Cor			
Please return all correspondence concerning this matter to the following: THOMA'S ROBERTSON Name of Person RAW H POBERTSON LOMM FIXUAL REALTY ADMSORS, Firm/Company 13.20 SW 15th Street Address P-OCKA FATON FL 33486 City/State and Zip Code TROBERTSON @ CRCRA . (OM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: THOMA'S ROBERTSON at SURVEY . (OM T-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: THOMA'S ROBERTSON at SURVEY . (OM) TROBERTSON @ CRCRA . (OM) T-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: THOMA'S ROBERTSON @ CRCRA . (OM) T-ADJ TO STATE Area Code Daytime Telephone Number Enclosed is a check for the following amount: (ALLEADY WITH STATE OH/30-30) \$\frac{1}{4}\$ \$35.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed) Certificate of Status & Certificate Copy	SUBJE	ст: <u>R</u> A	MCH FORERTSOI Name of Limi	V (OMMERCIAL ited Liability Company	REALTY ADVISORS
THOMA'S ROBERTSON Name of Person RANGH POBERTSON, COMMERCIAL REALTY ADMSORS, Firm/Company 1370 SW 15 th STREET Address P-OCKA PATON FL 33486 City/State and Zip Code TROBERT SON @ RRCRA. (OM Firmit address): (to be used for future annual report notification) For further information concerning this matter, please call: THOMA'S ROBERTSON at (SU) 703 - 0868 Name of Person at (SU) 703 - 0868 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: LAURADY WITH STATE of Journal 4355. OF Sectificate of Status Certificate of Status (Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)	The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
RAUCH POSERTRON COMMERCIAL REALTY ADMSORS, Firm/Company 1320 SW 15th Street	Please r	eturn all correspo	ondence concerning this matter	to the following:	
1320 SW 15th STREET Address			THOMAS	ROBER-TSCN Name of Person	
FOCA FATON FL 33486 City/State and Zip Code TROBERT SON @ CRCRA . (OM) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: THOMAS ROPERTSON at (SUI) 703 - 0888 Name of Person are Code Daytime Telephone Number Enclosed is a check for the following amount: (ALEADY WITH STATE oH/2020) \$\frac{1}{2}\$ \$35.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)			RAWH POBE	RTON, COMMEKCI Firm/Company	AL REALTY ADUSORS, I
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☐ \$25.00 Filing Fee	Enclose	ed is a check for t	he following amount: LA	LREADY WITH STAT	F 04/2020) \$35.00
	□ \$25	5.00 Filing Fee	\$30.00 Filing Fee &	☐ \$55.00 Filing Fee & Certified Copy	 \$60.00 Filing Fee, Certificate of Status & Certified Copy

TO:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

SECRETARY OF STATE DIVISION OF CORPORATIONS

The Articles of Organization for this Limited Liability Company Florida document number 12000 85288.	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1320 SW 15th STREET
(Principal office address MUST BE A STREET ADDRESS)	BUCA RATON, K. 33486
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1320 SN 15 ST BOCA RATON FZ 33490
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
 	- 2255-1 PA
Name of New Registered Agent: THONA	S ROBERTSON, PA
New Registered Office Address: 13.20	SW 15 STRET Enter Florida street address
<u>laca</u>	RATON . Florida 33486

New Registered Agent's Signature, if changing Registered Agent:

RAICH

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
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Note:	tive date, if other than the date of filing: U D D D (optional) flective 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 (at 1f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Datec	Signature of a member of a uthorized representative of a member
	Signature of writeshoet of authorized representative of a member
	THOMAS ESSECTION