

L12 000 150853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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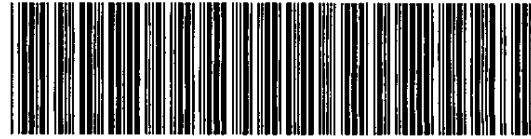
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 APR 20 PM 49

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Y SULKER

APR 20 2018

**Sulker, Yasemin Y.**

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**From:** Teresa Akel <teresaakel@akelproperties.com>  
**Sent:** Friday, April 20, 2018 4:03 PM  
**To:** Sulker, Yasemin Y.  
**Cc:** teresaakel@antrarealty.com; andyakel@antrarealty.com  
**Subject:** Akel Commercial Properties, LLC name change to Antra Realty Group, LLC

Yasemin,

Please consider this my notification that we recently requested a name change from Akel Commercial Properties, LLC to Antra Realty Group, LLC. We voluntarily dissolved the Antra Realty Group, LLC and have no intention of reinstating it. Please process the name change as quickly as possible.

Thank you kindly.

**Teresa B. Akel, Realtor®**

Akel Commercial Properties, LLC

2950 Halcyon Lane, Suite 205

Jacksonville, Florida 32223

(904) 288-6692 Office

(904) 288-6691 Fax

[TeresaAkel@AkelProperties.com](mailto:TeresaAkel@AkelProperties.com)

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: AKEL COMMERCIAL PROPERTIES, LLC**  
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:

**ANDREW S. AKEL**

Name of Person

**AKEL COMMERCIAL PROPERTIES, LLC**

Firm/Company

**2950 HALCYON LANE, SUITE 205**

Address

**JACKSONVILLE, FLORIDA 32223**

City/State and Zip Code

**TERESAAKEL@ANTRAREALTY.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**TERESA AKEL**

Name of Person

**904**

at ( )

Area Code

**708-2704**

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)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
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**

AKEL COMMERCIAL PROPERTIES, 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 DECEMBER 3, 2012 and assigned Florida document number L12000150853.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

ANTRA REALTY GROUP, LLC

The new name must be distinguishable and contain the words "Limited Liability 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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*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 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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

STATE OF FLORIDA  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
APR 28 AM 10:49

