

L130000035377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

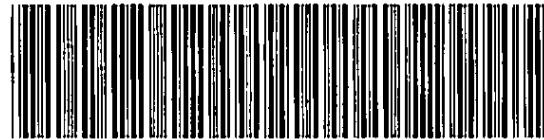
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/01/20--01010--017 \*\*25.00

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2020 JUN 15 AM 11:59

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CM  
6/20/20



2020 JUN 10 PM 12:34

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 18, 2020

MATTHEW MCGEE  
102 BUCK DR  
UNIT C  
FORT WALTON BEACH, FL 32548

SUBJECT: 1ST CITY COMMERCIAL REAL ESTATE, LLC  
Ref. Number: L13000035377

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must submit all pages for filing. Page 2 of 3 is missing. All pages must be returned in order to file the document.

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.

Querida R Moore  
Regulatory Specialist II

Letter Number: 520A00010011

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1st City Commercial Real Estate, 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:

Matthew McGee

\_\_\_\_\_  
Name of Person

Livin Right Properties

\_\_\_\_\_  
Firm/Company

102 Buck Dr. Unit C

\_\_\_\_\_  
Address

Fort Walton Beach, FL 32548

\_\_\_\_\_  
City/State and Zip Code

matt@livinrightrealestate.com

\_\_\_\_\_  
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew McGee

850 865-0116  
at ( )

\_\_\_\_\_  
Name of 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)

☐ \$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 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**

**FILED**

2020 JUN 15 AM 11:59

1st City Commercial Real Estate

(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 3/8/2013 and assigned  
Florida document number L13000035377.

This amendment is submitted to amend the following:

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

Livin Right Properties 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:**

102 Buck Dr NE, Unit C

**(Principal office address MUST BE A STREET ADDRESS)**

Fort Walton Beach, FL

32548

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

102 Buck Dr NE, Unit C

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

Fort Walton Beach, FL

32548

**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**

**MGR = Manager**  
**AMBR = Authorized Member**

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

[illegible]

(If an effective 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 (3)(b)

If the record 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 record is filed.

Dated June 9, 2020

  
Signature of a member or authorized representative of a member

Matthew McGee

Typed or printed name of signee

**Filing Fee: \$25.00**