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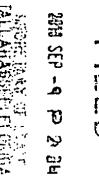
(Requestor's Name)	
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## **COVER LETTER**

SUBJECT:	ROUNDLA	KE COMMERCIAL, LLC		
JOBSECT.		Name of Lim	nited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return a	all correspor	ndence concerning this matter	to the following:	
		Carrie Christino		
			Name of Person	
		Soho Capital, LLC		
			Firm/Company	
		701 S Howard Ave Ste 10	6-322	
			Address	
		Tampa, Fl. 33606		
			City/State and Zip Code	
		Carrie@soho-capital.com		
		E-mail address: (	to be used for future annual report notifi	ication)
For further info	ormation co	ncerning this matter, please ca	all:	
Carrie Christii	no		813 557-4901 at ()	
	Name of	Person		Telephone Number
Enclosed is a c	heck for the	e following amount:		
■ \$25.00 Fill	ing 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

TO:,

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**

ROUNDLAKE COMMERCIAL, LLC

(Name of the Lir	nited Liability Company as it now apper (A Florida Limited Liability Company	ars on our records.)
		MAIS NEETS OF EVEN
The Articles of Organization for this Limited	Liability Company were filed on	06/12/2013
The Articles of Organization for this Limited Florida document number L13000085195		TATELAHASSEE, FLORIGA
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company	here:
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 appl	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE	BOX)	
	<del></del>	
B. If amending the registered agent and	or registered office address o	n our records, enter the name of the c
registered agent and/or the new registered o	tice address here:	
Name of New Registered Agent:	David Koche	
New Registered Office Address:	601 Bayshore Blvd Ste 700	
	Enter Flo	rida street address
	Tampa	Florida 33606
	City	Zip Code
New Registered Office Address:  New Registered Agent's Signature, if changing	Enter Flo Tampa City	, Florida <sup>33606</sup>

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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AGENT	Charles Harper	100 N TAMPA ST Ste 2700 Tampa, FL 33602 ■	Add
		<del></del>	Remove
			Change
AREP	Charles Harper	100 N TAMPA ST Ste 2700 Tampa, FL 33602	
			■ Remove
			Change
	<del></del>		Add
			□ Remove
			Change
			☐ Remove
			Change
	<del></del>		
			Remove
			Change
			Add
			□ Remove
			Change

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	<del> </del>
(If an et Note:	rive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	07/02/2019
Dated	Gpm
	Signature of a member or authorized representative of a member
	Chas Bruck
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00