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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

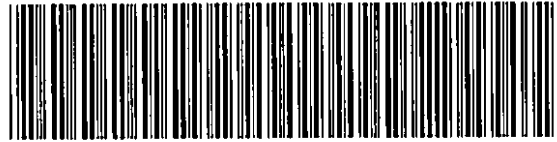
(Business Entity Name)

(Document Number)

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11/17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OLP BOCA PLAZA, 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:

AGNELO GONSALVES

Name of Person

BROOKEVILLE ASSOCIATES, LLC

Firm/Company

1013 LUCERNE AVE. SUITE 300

Address

LAKEWORTH, FL 33460

City/State and Zip Code

AGG2100@GMAIL.COM

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

For further information concerning this matter, please call:

AGNELO GONSALVES

at (301) 928 9604

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**

OLP BOCA PLAZA, 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 11/13/2014 and assigned
Florida document number L14000176354.

This amendment is submitted to amend the following:

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

COMMERCIAL FINANCIAL MANAGEMENT, 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:

1013 LUCERNE AVE, SUITE 300

(Principal office address MUST BE A STREET ADDRESS)

LAKEWORTH, FL 33460

Enter new mailing address, if applicable:

1013 LUCERNE AVE, SUITE 300

(Mailing address MAY BE A POST OFFICE BOX)

LAKEWORTH, FL 33460

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:

BROOKEVILLE ASSOCIATES, LLC

New Registered Office Address:

1013 LUCERNE AVE, SUITE 300

Enter Florida street address

LAKEWORTH

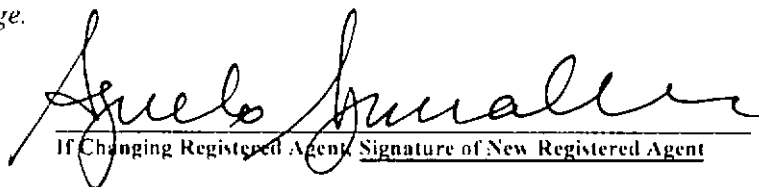
City

Florida 33460

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>
MGR	AGNELO GONSALVES	21516 NEW HAMPSHIRE AVE	<input type="checkbox"/> Add
		BROOKEVILLE, MD 20833	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	AGNELO GONSALVES	21516 NEW HAMPSHIRE AVE	<input type="checkbox"/> Add
		BROOKEVILLE, MD 20833	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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(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)

Filing Fee: \$25.00