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2016 SEP 19 PM 4:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

SEP 22 2016

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LandQwest Commercial Tampa Bay, 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:

Rokki Rogan

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

LandQwest Commercial

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

1614 Colonial Blvd. Suite 101

\_\_\_\_\_  
Address

Fort Myers, FL 33907

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

rbriggs@lqwest.com

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

For further information concerning this matter, please call:

Rhonda Briggs

239 333-2506  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

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

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

LandQwest Commercial Orlando, LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/12/2015 and assigned  
Florida document number L15000195925.

This amendment is submitted to amend the following:

**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 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>                      |
|--------------|----------------------|-------------------------------|--|
| MGR          | Stephen A Cunningham | 1614 Colonial Blvd. Suite 101 | <input type="checkbox"/> Add               |
|              |                      | Fort Myers, FL 33907          | <input checked="" type="checkbox"/> Remove |
|              |                      |                               | <input type="checkbox"/> Change            |
|              |                      |                               | <input type="checkbox"/> Add               |
|              |                      |                               | <input type="checkbox"/> Remove            |
|              |                      |                               | <input type="checkbox"/> Change            |
|              |                      |                               | <input type="checkbox"/> Add               |
|              |                      |                               | <input type="checkbox"/> Remove            |
|              |                      |                               | <input type="checkbox"/> Change            |
|              |                      |                               | <input type="checkbox"/> Add               |
|              |                      |                               | <input type="checkbox"/> Remove            |
|              |                      |                               | <input type="checkbox"/> Change            |
|              |                      |                               | <input type="checkbox"/> Add               |
|              |                      |                               | <input type="checkbox"/> Remove            |
|              |                      |                               | <input type="checkbox"/> Change            |
|              |                      |                               | <input type="checkbox"/> Add               |
|              |                      |                               | <input type="checkbox"/> Remove            |
|              |                      |                               | <input type="checkbox"/> Change            |

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2016 SEP 13  
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2016 SEP 19 PM 4:19  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

(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.

  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Typed or printed name of signee