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COVER LETTER

TO:

TO: Registration S Division of Co				
	Commercial Real Estate, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	d Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
	Jacqueline Tavares			
		Name of Person	_	
	Newmark Commercial Rea	al Estate		
		Firm/Company		28
	21250 N. Sweetwater Land	2		2021 APR
		Address		2 8 8 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	Boca Raton, FL 33428			o
		City/State and Zip Code		100 W
	jnewmark@newmarkcomm		F	PH 3: 23
For further information	e-mail address: (to be used for future annual report noti all:	neation)	
Jacqueline Tavares		561 702-8187		
Name	of Person		e 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)	Certified	te of Status &
<u>Mailing Addr</u> Registration		<u>Street Address:</u> Registration Se	ction	
Division of Corporations		Division of Cor	rporations	
P.O. Box 61 Tallahassee		The Centre of T 2415 N. Monro	ramanassee e Street, Suite 8	10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Newmark 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 $\frac{01/08/2016}{2}$ and assigned Florida document number L16000006384 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Newmark Real Estate, 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

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>	Address <u>T</u>	ype of Action
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document's effective date on the Depa	irtment of State's records.					
he record specifies a delayed effective da ord is filed.	ate, but not an effective ti	me, at 12:01 a.m. on	the earlier of: (b)	The 90th	ı day af	ter th
Dated April 20	2021	·				
	Roqueline	Lova	UD			
/ CL	nature of a member or authorise	orized representative of	a member			
	,					

Filing Fee: \$25.00