

L16000106149

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MAR 02 2018
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Commercial Equity Partners Property Services, 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:

Greg Kainz

Name of Person

Commercial Equity Partners Property Services, LLC

Firm/Company

1971 Lee Rd. Suite 200

Address

Winter Park, FL 32789

City/State and Zip Code

gkainz@cepadvisors.com

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

For further information concerning this matter, please call:

Jim Gustner

407 405-0522

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Commercial Equity Partners Property Services, 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 June 1, 2016 and assigned
Florida document number L16000106149.

This amendment is submitted to amend the following:

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

CEP Property Services 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)

1971 Lee Rd. Suite 200

Winter Park, FL 32789

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1971 Lee Rd. Suite 200

Winter Park, FL 32789

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: Candi Smith

New Registered Office Address: 4812 New Broad St.

Enter Florida street address

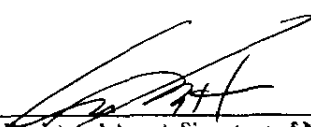
Orlando, Florida 32814

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>
AMBR	Greg Kainz	4595 Beach Blvd.	<input checked="" type="checkbox"/> Add
		Orlando, FL 32803	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sean Barth	1971 Lee Rd. Suite 200	<input type="checkbox"/> Add
		Winter Park, FL 32789	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Brian Smith	5116 Maxon Terrace	<input type="checkbox"/> Add
		Sanford, FL 32771-change address	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 DEPARTMENT OF
 REVENUE

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated Feb 26 2018
[Signature]
 Signature of a member or authorized representative of _____

Typed or printed name of signee

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