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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: EDGEWATER COMMERCIAL PROPERTIES, LLC.  Name of Limited Liability Company
. tunte of Emilion Empliny
The enclosed Articles of Amendment and fee(s) are submitted for filing.
The enclosed Addices of Athendinent and tee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
ANDREW D. BATES  Name of Person
EDGEWATER COMMERCIAL PROPERTIES, LLC
Firm/Company
7232W. SAND LAKE RD-STE 300
Address
ORLANDU, FL 32819
City/State and Zip Code
REPUBLIC PROPERTIES @MSn. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  ANDREW D. BATES  at (407, 351-2330 ART)
Name of Person Area Code Daytime Telephone Number
$\mathbb{S}^{\mathbb{S}}$
Enclosed is a check for the following amount:

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

\$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

\$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EDGEWATER COMMERCIAL PROPERTIES, LLC
(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Florida document number <u>L16000209</u>	ty Company were filed on .	11-14-16	and as	signed
This amendment is submitted to amend the following	g:			
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," th	e designation "LLC" or	the abbreviation "L	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AL	ODRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX				
B. If amending the registered agent and/or registered agent and/or the new registered office and Name of New Registered Agent:  New Registered Office Address:	address here:	on our records, <u>e</u>	nter the name SECRETARY OF ALLAHASSEE F	of the new
	Liner	, Florid	[2] [3] [3]	O
_	City	, FIORIC	ZipOode	

#### 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> **Address Type of Action** 7232WSAND LAKERD-STE300 ANDREW D. BATES ORLANDO, FL 32819 MGR ☐ Remove ☐ Change 7232 WSAND LAKE RD-STE 300 MGR DIANEPIETROFESA ORLANDO, FL 32812 □ Add Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add □ Remove Change U Remov ⊖ Change

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