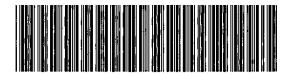
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(Re	questor's Name)	
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SCCRETARY OF STAIL TALLAHASSEE, FLORIDA TALLAHASSEE, FLORIDA

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COVER LETTER

	Registration Se Division of Corp			
cup iec		COMMERCIAL RENTALS	, LLC	
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspon	ndence concerning this matter	to the following:	
		LUANA MARTUCCI	· .	
			Name of Person	
		MARTUCCI LEGAL SER	RVICES, INC.	
			Firm/Company	
		3630 W. KENNEDY BLV	D.	
			Address	
		TAMPA, FL 33609		·
			City/State and Zip Code	
		MARTUCCILEGAL@GM	AIL.COM to be used for future annual report notifi	igation)
For furthe	er information ed	oncerning this matter, please ca		ication
LUANA	MARTUCCI		at () 541-8293 Area Code Daytime	
	Name of	Person	· Arca Code Daytime	: Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 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

ARTICLÉS OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OAKFIELD COMMERCIAL RENTALS, LLC

New Registered Agent's Signature, if changing Registered Agent:

(Name of the Limited Liab) (A Florid	ility Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L17000082806	Company were filed on 04-13-2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Li	imited 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 ADD	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regivered agent and/or the new registered office ad-	istered office address on our records, enter the name of the dress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Code Zin Code

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
MGR	ZELICA MARTUCCI	6814 LUANA LANE	■ Add
		SEFFNER, FL 33584	□ Remove
			Change
			□ Add
			☐ Remove
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ective date, if other than the effective date is listed, the date is	ne date of filing: nust be specific and canno	ot be prior to dat	e of filing or more	than 90 days after	o nal) : filing.) Pu	rsuant t	o 605.03
e: If the date inserted in this ument's effective date on the	block does not meet the	ne applicable s	tatutory filing re	quirements, thi	s date will	not be	: listed
ument's effective date off the	Department of State 8	records.					
ecord specifies a delay	ed effective date.	but not an	effective tim	e. at 12:01 a	a.m. on	the e	arlier
he 90th day after the re				-,			
MAV 12	201	17					
ed MAY 12	,	· · · ·					
× .	9 . Ma Signature of a member						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00