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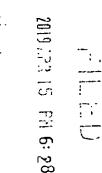
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Amend

APR 1 8 2019

I ALBRITTON

COVER LETTER

	egistration Section of Corp		,	
SUBJECT		NE COMMERCIAL REAL ES	•	
Sobster	•	Name of Limi	ited Liability Company	
The enclose	ed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please retui	rn all correspo	ndence concerning this matter	to the following:	
		CHARLES L STARR		
			Name of Person	
		REALTYONE COMMER	CIAL REAL ESTATE LLC	
			Firm/Company	
		1626 RINGLING BLVD.	STE 500	
			Address	
		SARASOTA, FL 34236		
			City/State and Zip Code	
		LSTARR@R1A.COM		
		E-mail address: ()	to be used for future annual report notifi	cation)
For further	information co	oncerning this matter, please co	ill:	
KAROLIN	IA WIECZOR	EK	941 387-1200 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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

REALTYONE COMMERCIAL REAL EST	TATE LLC	
(<u>Name of the Limited Liabi</u> (A Floric	ity Company as it now appears on our records.) a Limited Liability Company)	
he Articles of Organization for this Limited Liability (Company were filed on 09/29/2017	and assigned
orida document number L17000202361	·	
is amendment is submitted to amend the following:		
If amending name, enter the new name of the lin	nited liability company here:	
		701
new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" of	or the abbreviation, L.L.C.";
ter new principal offices address, if applicable:	<u></u>	
rincipal office address MUST BE A STREET ADD	RESS)	
		PH
		% å:
iter new mailing address, if applicable:		28
ailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or regi	stered office address on our records,	enter the name of the
<u>sistered agent and/or the new registered office ad</u>	dress here:	
Name of New Registered Agent:		
New Registered Office Address:		
, te w resignation of the reasons.	Enter Florida street address	
	, Flor	rida
	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>	Address	Type of Action
			☐ Remove
			Change
MGR	CROFUT, RASHELLE RENEE	1626 RINGLING BLVD, STE 500	
		SARASOTA, FL 34236	Remove
			Change
			Add
			🗀 Remove
			Change
			Remove
			Change
			□ Remove
			Change
			☐ Remove
			Change

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	 -			
Effective date, if other than the d If an effective date is listed, the date must b Note: If the date inserted in this bloc document's effective date on the Dep	se specific and cannot be prick does not meet the appli	or to date of filing or more cable statutory filing re	(optional) than 90 days after filing.) equirements, this date	Pursuant to 605.0207 will not be listed as t
ne record specifies a delayed on the 90th day after the recor		ot an effective tim	e, at 12:01 a.m. (on the earlier of
Dated April 10	. 2019			
	Ignature of a member of auti	ported representative of	a member	
	ignature of a memori or dat			

Page 3 of 3

Filing Fee: \$25.00