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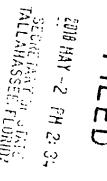
(Re	questor's Name)	
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bA)	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO:	Registration Se Division of Cor			•	
SHRI	ECT: _	R	REP, LLC		
3000		Name of Lim	ited Liability Company		
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
			Larry T. Barninger	<u> </u>	
			Name of Person		
			RREP, LLC	<u></u>	
			Firm/Company		
1271 Oakford Place					
			Address		
			Oviedo, FL 32765		
			City/State and Zip Code		
		LBar E-mail address: (ninger@LTBMAB.com to be used for future annual report noti	fication)	
For fu	rther information c	oncerning this matter, please of	all:		
	Larry Ba	arninger	at (407) 948-6919		
	Name o	f Person	Area Code Daytim	e Telephone Number	
Enclo:	sed is a check for the	ne 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)	
	Regist Divisio	ING ADDRESS: ration Section on of Corporations	STREET/COUR Registration Section Division of Corpo Clifton Building	on	
		ox 6327 issee, FL 32314	2661 Executive Co	enter Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F	RREP, LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears o rida Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Florida document numberL18000063915	y Company were filed on Mar	ch 12, 2018 and ass	signed
This amendment is submitted to amend the following	;		
A. If amending name, enter the new name of the l	imited liability company here	:	
Temple Comr	nercial Real Estate, LLC		
The new name must be distinguishable and contain the words "I	Limited Liability Company," the design	gnation "LLC" or the abbreviation "L	.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	<u> </u>		
B. If amending the registered agent and/or re registered agent and/or the new registered office a Name of New Registered Agent: New Registered Office Address:	ddress here:	ur records, enter the same	FILE
		Florida 🛴	
	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>	Name	Address	Type of Action
			Add
			Remove
			Change
			
			Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			
			Remove
			Change
			□ Add
			☐ Remove
			□ Change

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E Effecti	ve date, if other than	the date of fil	lina:			(option	al)	
(If an effi	ective date is listed, the date If the date inserted in thi	must be specific	and cannot be p	rior to date of fil	ling or more that	n 90 days after fil	ing.) Pursuant to 6	05.02
docum	ent's effective date on the	Department c	of State's reco	rds.	ny ming requ	irements, this d	ate will not be it	alcu i
	ord specifies a delay			not an effe	ctive time,	at 12:01 a.r	n. on the ear	lier
(b) The	90th day after the r	ecora is file	3G.					
Dated	April 27,		7) 2018	3				
Dated		$\overline{}$						
				X				
			f a member of a	-				

Page 3 of 3

Filing Fee: \$25.00