L18000095715

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R. HUNT, 03/14/23

COVER LETTER

TO: Registration Section

Division of Cor	porations				
Landqwest SUBJECT:	Commercial Naples, LLC		•		
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	endence concerning this matter	to the following:			
	Rokki Rogan				
		Name of Person			
	Landqwest Commercial				233E27
		Firm/Company		· · ·	:T:
	1614 Colonial Blvd, Suite	101			4-
		Address		-11-4	PH
	Fort Myers, FL 33907				2: 05
		City/State and Zip Code		ं हम	ഗ
	sstinson@lqwest.com				
	E-mail address: (to be used for future annual report noti	fication)		
For further information c	oncerning this matter, please ca	all:			
Rokki Rogan		239 333-4377 at ()			
Name o	f Person		e Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status	
Mailing Address Registration	Section	Street Address: Registration Se			
Division of C P.O. Box 632		Division of Cor The Centre of T	•		
Tallahassee,			e Street, Suite 8	10	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LandQwest Commercial Naples, LLC				-	
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our ed Liability Company)	records.)			
The Articles of Organization for this Limited Liability Compa Florida document number <u>L18000095715</u> .	my were filed on 04/16/2018	3	and	assigr	ned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited li	iability company here:				
LQ Commercial Naples, LLC				-3	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation	on "LLC" or the abb	previation	ı"ÇL.C	Z."
Enter new principal offices address, if applicable:			<u>.</u>	20	
(Principal office address MUST BE A STREET ADDRESS))		` ;; ` ` <u> </u>	t.	;
Trincipul office unuress in cor bit is consistent and	<u> </u>		: 35 <u>-</u>	- 14	<u></u>
				5	V.
es ur ti Camaliachta				90	
Enter new mailing address, if applicable:		•	-		
(Mailing address MAY BE A POST OFFICE BOX)				_	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here: Name of New Registered Agent:	ice address on our records	, enter the nam	e of the	new I	registere
New Registered Office Address:					.
	Enter Florida stre	et address			
		, Florida	Zip C		
	City		Zīp C	,oav	
New Registered Agent's Signature, if changing Registered Ag	ent:				
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my di as provided for in Chapte	ities, and 1 am _{.)} 2r 605, F.S. Or,	if this	r wun docun	ana nent is
ĪĪ	Changing Registered Agent, Si	gnature of New Re	gistered	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
<u> </u>			🗆 Add
			□Remove
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			□Add
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ffective date, if other than the an effective date is listed, the date must lote: If the date inserted in this blocument's effective date on the D	t be specific : ock does no	and cannot be it meet the a	e prior to da applicable	te of filing o	r more than S ling require	(optio	filing.) Pursua	ant to 605.0 of be listed
record specifies a delayed effectiv Lis filed.	e date, but r	not an effect	tive time,	at 12:01 a.r	n. on the ca	arlier of: (b) The 90th	day after t
Dated February 28		2023						
			_					
-/1//	Signature A	f a member o	r authorized	Trepresentat	ive of a men	nber		

Filing Fee: \$25.00