## L18000125592

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SECRETARY OF STATE
AND AHASSEE, FLORIDA

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## **COVER LETTER**

	Division of Cor	porations		
en d		ercial Advisors, LLC		
SUB	//sc.t:	Name of Limi	ited Liability Company	
The c	enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Pleas	e return all correspo	ndence concerning this matter	to the following:	
		Kyle Krumm		
			Name of Person	<del>_</del>
		V 3 Commercial Advisors,	, LEC	
			Firm/Company	
		1009 Maitland Center Con	nmons Blvd, Suite 209	
			Address	<del></del>
		Maitland, FL 32751		
		<del></del>	City/State and Zip Code	
		Admin@v3capgroup.com		
		E-mail address: (	to be used for future annual report notifi	ication)
For f	urther information c	oncerning this matter, please ca	all:	
Kyle Krumm 580 478-7000 at ()				
	Name o	f Person	Area Code Daytime	Telephone Number
Enclo	osed is a check for th	ne following amount:		
<b>■</b> S	525.00 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:

TO:

Registration Section

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

V 3 Brokerage, LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L18000125592}{}$ .	y were filed on 5/18/18 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
V 3 Commercial Advisors, LEC	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SEL SEL
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)	ATE STATE OF THE S
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent:	· -
N 0 1 100 100 11	
New Registered Office Address:	Enter Florida street address
	. 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 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
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tive date, if other than the	he date of filing:	/16/2019		(optional)	
! If the date inserted in this	block does not meet	the applicable sta	of filing or more than stutory filing requis	90 days after filing.) rements, this date w	Pursuant to 605 vill not be list
ment's effective date on the	Department of State	s records.			
ecord specifies a delay	ed effective date	but not an o	ffactiva tima	ot 13:01 o oo o	_ +b!:
e 90th day after the re	ecord is filed.	, Juc Hot all e	medive uille, c	ı. 12.U1 d.M. 0	n me earm
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	Signature of a memb				

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