



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178

Fax Number

: (214)317-4754

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

(1)

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LLM COMMERCIAL PROPERTIES, LLC

Certificate of Status	Ü
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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AUG 1 3 2018

To: 18506176383 From: 12143052508 Date: 08/09/18 Time: 10:29 PM Page: 02/04 (((H180002335633)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LLM COMMERCIAL PROPERTIES, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.18000153808	were filed on 06/22/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ulity company here:	
The new name must be distinguishable and contain the words "Umited Linbi	his Company," the designation "ELC" or the a	bbreviation **L.L.C."
Enter new principal offices address, if applicable:	109 WEST KNAPP AVENUE	
Principal office address MUST BE A STREET ADDRESS)	EDGEWATER, FL 32132	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	109 WEST KNAPP AVENUE EDGEWATER, PL 32132	
3. If amending the registered agent and/or registered of	ffice address on our records, <u>enter</u>	the name of the
Name of New Registered Agent:	•	2919 AUG
New Registered Office Address:		. <u> </u>
	Enter Florida street address	<u> </u>
	———————, Florida :::::	ZuriGode
New Registered Agent's Signature, if changing Registered Agent:	는 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1	£

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 affice 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

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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

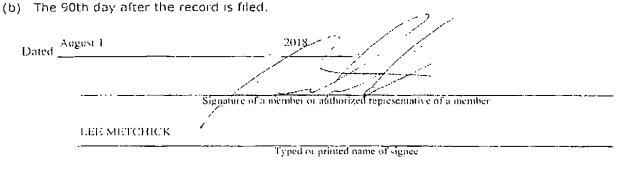
<u>Title</u>	Name	Address	Type of Action
AMBR	LEE METCHICK	109 WEST KNAPP AVENUE	□ ∧dd
		EDGEWATER, FL 32132	
AMBR	LISA METCHICK	109 WEST KNAPP AVENUE	
		EDGEWATER, FL 32132	
		~·· ———————————————————————————————————	Change
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			Remove
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			□ Change
			□ Add
			C Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:



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Filing Fee: \$25.00