118000243920

(Re	equestor's Name)	
(Ac	idress)	
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C MCHAIR

COVER LETTER

TO:

то:	Registrat Division o						
arm to		s Comm	erce Park, LLC		2018		
SUBJE	C1:	Name of Limited Liability Company					
The enc	losed Artic	les of A	mendment and fee(s) are sub	mitted for filing.	ALLAHASSEE		
Please r	eturn all co	rrespon	dence concerning this matter	to the following:			
			Rachel L. Symons				
				Name of Person			
			Clayton H. Blanchard, Jr., P.A.				
				Firm/Company			
			35 E. Pinehurst Blvd.				
			Address				
	Address Eustis, Florida 32726						
			City/State and Zip Code Rachel@CHBlegal.com				
			E-mail address: (to be used for future annual report no	tification)		
For furt	her informa	ation co	ncerning this matter, please ca	all:			
Rachel	L. Symons			352 589-1919x4	4		
	1	Name of l	Person		ne Telephone Number		
Enclose	ed is a checl	k for the	following amount:				
\$25	.00 Filing I	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)		
	J	Registrat	IG ADDRESS: ion Section of Corporations	STREET/COUR Registration Sect Division of Corpo			

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Eustis Commerc Park, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on October 16, 2018 Florida document number $\frac{L18000243920}{L18000243920}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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>	<u>Address</u>	Type of Action
MGR	Robert H. Granger, Jr.	P.O. Box 1881	
		Eustis, Florida 32727	
			■ Remove
			Change
MGR	Robert C. Granger, Jr.	P.O. Box 1881	
		Total Divide 20707	Add
		Eustis, Florida 32727	Remove
	· 		☐ Change
			□ Remove
			Change
			□ Remove
			☐ Change
			□ Remove
			Change
			☐ Remove
			Change

,	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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•	
(If an ef Note:	ive date, if other than the date of filing:
the re) The	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier 90 th day after the record is filed.
Dated	October 24 Signature of a member or authorized representative of a member

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Filing Fee: \$25.00