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(Re	equestor's Name)		
(Address)			
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(Ci	ty/State/Zip/Phone #)	
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(Business Entity Name)			
(De	ocument Number)		
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COVER LETTER

	Registration Section Se			
SUBJEC		Commercial Partners, LLC		
DOM.C	••-	Name of Limi	ted Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please reti	arn all correspo	ondence concerning this matter t	o the following:	
		Jennifer Trent		
		Southcoast Commercial Par	Name of Person tners, LLC	
		P.O. Box 3059	Firm/Company	
		Stuart, Florida 34995	Address	
		jtrent@naisouthcoast.com	Gity/State and Zip Code	
Con theathre	- information a		be used for future annual report noti	fication)
		oncerning this matter, please cal		
Jennifer T			772 286-6292 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed i	s a check for th	ne following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Divisio P.O. Bo	ING ADDRESS: ation Section in of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Southcoast Commercial Partners.	LLC						
(Name of the Lin	iited Liabilii	ty Company	as it now appears on bility Company)	our records.)			
	(A Fiorida	a Limited Lia	onity Company)				
The Articles of Organization for this Limited	Liability C	Company w	ere filed on $\frac{2/20/20}{2}$	019	a	nd assi	gned
Florida document number L19000050536		·					
This amendment is submitted to amend the fo	llowing:						
A. If amending name, enter the new name	of the limi	ited liabili	ty company here:				
The new name must be distinguishable and contain the	words "Lim	ited Liability	Company," the design	nation "LLC" or I	the abbreviat	ion "L.I	
-							
Enter new principal offices address, if appl	icable:						
(Principal office address MUST BE A STREET		RESS)				<u> </u>	
	ļ				至為	**************************************	<u>"n</u> _
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					74.27 174.		; :73
Enter new mailing address, if applicable:		-				<u>>-</u>	3,11
(Mailing address MAY BE A POST OFFICE	E BOX)				- 23	भू	
		-				— – ⊌ 1–	
					3×		
B. If amending the registered agent and	~		ce address on ou	ir records, <u>er</u>	iter the n	ame o	of the ne
registered agent and/or the new registered	office addi	ress here:					
Name of New Registered Agent:	Jennife	er Trent					
New Registered Office Address:	2055 S	South Kanne	er Highway				
			Enter Florida s	street address			
	Stuarț			, Florida	34994		
	i		City	, 1 10110	Zip	Code	
New Registered Agent's Signature, if changing	 Register e c	d Agent:					
	1		A comment and the				المسالمة المالية
I hereby accept the appointment as register	rea agent _i e	ana agree	10 aci in inis capa	асиу. 1 зисте	r agree to	сотрі	y wun in

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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
MGR	Jennifer Trent	P.O. Box 3059	
		Stuart, Florida 34995	
			□ Remove
	Nikolaus Schroth	P.O. Box 3059	Change
AMBR	Convince Control	1.0. Dox 1.037	□ Add
		Stuart, Florida 34995	
			□ Remove
			Change
AMBR	Stuart Duffin	P.O. Box 3059	∑y <u> </u>
	-	— — — — — — — — — — — — — — — — — — —	The state of the s
		Stuart, Florida 34995	
		-	
			Ethange
4.6.2010	Douglas Legler	P.O. Box 3059	SE 9
AMBR ———	·		 □ Kl a
		Stuart, Florida 34995	. '
			□ Remove
			Change
			□ Add
			□ Remove
			□ Change
			Add
			
		-	Remove
			☐ Change

antending any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)
	
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	(C)
	(5) 15
5/3	8/2019
ective date, if other than the date of filing:	(optional) (optional) (optional) (optional) (optional)
te: If the date inserted in this block does not meet t ument's effective date on the Department of State's	the applicable statutory filing requirements, this date will not be listed as
record specifies a delayed effective date, he 90th day after the record is filed.	, but not an effective time, at 12:01 a.m. on the earlier o
ed 5 B W	9
100m	or authorized representative of a member
ennifer Trent Tennife' Type	or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00