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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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SEUM TALLAHASSEE, FL

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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	-	arrea Commercial LLC		
SOBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of ,	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Aaron Parvey		
		Parvey & Larrea Commerci	Name of Person	
		6385 Presidential Ct. Suite	Firm/Company 104	
		Fort Myers, FL 33919	Address	
		parvey07@aol.com	City/State and Zip Code	
r e a s	<i>A</i>		to be used for future annual report no	otification)
Aaron Parv		oncerning this matter, please ca	239 910-2538	
	Name of	Person	at () Area Code Dayri	ime Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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**

Parvey & Larrea Commercial LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records. ted Liability Company))
The Articles of Organization for this Limited Liability Comparing Liponology	any were filed on 04/19/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability 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	2	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SEP-6 PH
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l	I office address on our records, here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	t la	rida
	r 101 City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Aaron Parvey	6385 Presidential Ct. Suite 104 Fort Myers, FL 33919	≣ Add
			□ Remove
	Aaron Parvey LLC	6385 presidential Ct. Suite 104	Change
MGR		ft. mgers, f(33919	D Add
		ff. ngers, fl 33919 ——————————————————————————————————	⊟ Remove
			🗆 Change
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(If an effe <u>Note:</u> I	c date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated_	September 3. 2019.
	Signature of (nember or authorized representative of a member
	Aaron Parvey
	Typed or printed name of signee

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Filing Fee: \$25.00