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COVER LETTER

TO:	Registration Sec Division of Corp			
CIID IEA	LML COMN	MERCIAL PROPERTIES, LL	.c	
SOBJE	L-1:		ited Liability Company	
The encl	losed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspon	dence concerning this matter	to the following:	
		JOE A. CATARINEAU		
			Name of Person	
		JOE A. CATARINEAU, P	'A	
			Firm/Company	·
		91750 OVERSEAS HIGH	WAY	
			Address	
		TAVERNIER, FL 33070		
			City/State and Zip Code	<u>-</u>
		LEOFISH4@AOL.COM		
		E-mail address: (to be used for future annual report notific	cation)
For furth	ner information co	ncerning this matter, please co	ıll:	
JOE A.	CATARINEAU		305 852-4833	
	Name of	Person	at ()Daytime	Telephone Number
Enclosed	l is a check for the	following amount:		
≘ \$25.	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: Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LML COMMERCIAL PROPERTIES, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L19000145220	were filed on 05/31/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	91750 OVERSEAS HIGHWAY	
(Principal office address MUST BE A STREET ADDRESS)	TAVERNIER, FL 33070	
		78.
Enter new mailing address, if applicable:		LAHAS
(Mailing address MAY BE A POST OFFICE BOX)		S. 5 173
		3: 57
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		nter the name of the new
Name of New Registered Agent:		
		10, 100 110
New Registered Office Address:	Enter Florida street address	
	, Floric	la
	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 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>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove
			☐ Change
			Add
			□ Remove
		-	☐ Change
			O Add
		 -	□ Remove
		-	Change
			□ Remove

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Signature of a member or authorized representative of a member	Dated	·			
Signature of a member or authorized representative of a member					
,	 	Signature of a member or aut	horized representative of a	member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00