

L19000371170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

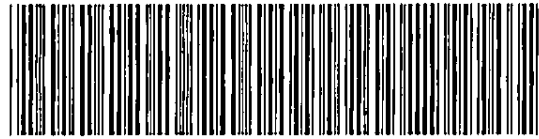
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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400337649174

FILED  
2019 DEC -4 A 12:12  
FALLS CHURCH, VA  
FALLS CHURCH, VA

RECEIVED  
8/21/2019

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 075332 8095410

AUTHORIZATION

*[Signature]*

COST LIMIT : \$ 25.00

ORDER DATE : December 4, 2019

ORDER TIME : 3:17 PM

ORDER NO. : 075332-005

CUSTOMER NO: 8095410

DOMESTIC AMENDMENT FILING

NAME: FOREFRONT COMMERCIAL, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER'S INITIALS: \_\_\_\_\_

19 DEC -4 10:18 56

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ForeFront Commercial, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Krystal Rodriguez

\_\_\_\_\_  
Name of Person

Salzman Real Estate Advisors

\_\_\_\_\_  
Firm/Company

2890 W State Road 84, #104

\_\_\_\_\_  
Address

Dania Beach, FL 33312

\_\_\_\_\_  
City/State and Zip Code

krodriguez@salzmanrea.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Krystal Rodriguez

954

358-3920

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed 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  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

ForeFront Commercial, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

2019 DEC -4 A 10:12

The Articles of Organization for this Limited Liability Company were filed on 10/30/19 and assigned  
Florida document number L19000271170

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

\_\_\_\_\_, Florida

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>	<u>Address</u>	<u>Type of Action</u>
AP	Michael Mogerman	11529 SW 51ST STREET	<input type="checkbox"/> Add
		COOPER CITY, FL 33330	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AP	Laura Briggie	361 SE 8TH STREET	<input type="checkbox"/> Add
		POMPANO BEACH, FL 33060	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Jerencia SM  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**