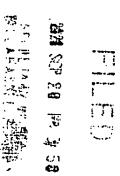
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Office Use Only



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COVER LETTER

	stration Section of Corp			•				
Up in an	ROWLETT	COMMERCIAL RES LLC	•	•				
SUBJECT: _	_	Name of Limi	ted Liability Company					
The enclosed	Articles of A	mendment and fee(s) are sub-	nitted for filing.					
Please return :	all correspon	dence concerning this matter	to the following:					
		COURTNEY C. PUGH						
			Name of Person					
		QUARLES & BRADY LL	.P					
Firm/Company								
		Address						
		NAPLES, FLORIDA 34109						
			City/State and Zip Code					
		COURTNEY.PUGH@QU/	ARLES.COM to be used for future annual report notif	fication)				
For further in	formation co	ncerning this matter, please ca						
COURTNEY	C. PUGH		239 434-4929					
Name of Person		Person	at () Area Code Daytime	e Telephone Number				
Enclosed is a	check for the	e following amount:						
■ \$25.00 F	iling 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)				
	ling Address distration S		<u>Street Address:</u> Registration Se	ction				
Div	ision of Co	orporations	Division of Cor	porations				
P ()). Box 6321	7	The Centre of T	allahassee				

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROWLETT COMMERCIAL RES LLC			_		_
(<u>Name of the Limited Lia</u> (A Fli	ability Compan orida Limited Lis	y as <mark>it now appears on our rec</mark> o ability Company)	ords.)		
he Articles of Organization for this Limited Liabilit	ty Company v	vere filed on January 2, 2020	0	and a	assigned
lorida document number 1.20000009415	·				
his amendment is submitted to amend the following	g:				
. If amending name, enter the new name of the	limited liabil	ity company here:			
ne new name must be distinguishable and contain the words."	"Limited Liabilit	y Company," the designation "L	LC" or the abl	previation	"L.L.C."
nter new principal offices address, if applicable:	:	3902 SW 6TH TERRACE			
Principal office address MUST BE A STREET AI		CAPE CORAL, FLORIDA 33991			
inter new mailing address, if applicable:		3902 SW 6TH TERRACE			
Mailing address MAY BE A POST OFFICE BOX	<u>0</u>	CAPE CORAL, FLORIDA 33991			
3. If amending the registered agent and/or regist gent and/or the new registered office address he	ere:		ter the nam	e of the	new regis
Name of New Registered Agent: JI	EFFREY R. RO	DWLETT	* 72	<u> </u>	
New Registered Office Address: 3	3902 SW 6TH TERRACE		100 to 1		<u></u>
	'APE CORAL	Enter Florida street ada	Florida 33	991 100	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
_		Cuy	- 100 - 100	Zip Şiçi Co	vle

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
MGR	JEFFREY R. ROWLETT	3902 SW 6TH TERRACE	
		CAPE CORAL, FLORIDA 33991	⊡Remove
			■ Change
			□Add
			□ Remove
			Change
			🗋 Add
			Remove
			□ Change
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an ef lote:	ve date, if other than the date of filing:
recor Lis fi	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 ed.
)ated	September 32 . 2020 Mally K. Rest Signature of a member or authorized representative of a member

Typed or printed name of signee