## L20000025294

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## **COVER LETTER**

TO: Registration Section

Division of Co	porations			
	RONT COMMERCIAL LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	ROBERT HAMMAN			
		Name of Person		-
	WATERFRONT COMME	ERCIAL LLC		
		Firm/Company		-
	810 SATURN STREET, S	UITE 24		
		Address		ACT ACT
	JUPITER, FL 33477			· -: - -
	ROBERT.HAMMAN@SV	City/State and Zip Code N COM		1 (17
		to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please ca	all:		ب ري
ROB HAMMAN		561 346-2310 at ( )		τ , α
Name o	f Person		e Telephone Number	r
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Address Registration 9 Division of C P.O. Box 632 Tallahassee,	Section Corporations 17	Street Address: Registration Sec Division of Con The Centre of T 2415 N. Monroe Tallahassec, FL	<mark>porations</mark> allahassee e Street, Suite 8	310

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

WATERFRONT COMMERCIAL (Name of the Lim		now appears on our records.) Company)	
The Articles of Organization for this Limited I Florida document number 1.20000025294	Liability Company were fi	iled on <u>01/17/2020</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability co	mpany here:	
The new name must be distinguishable and contain the	words "Limited Liability Com	pany," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		ين ي
			) ()
Enter new mailing address, if applicable:			***
(Mailing address MAY BE A POST OFFICE BOX)			· (a) -
			- 2
B. If amending the registered agent and/or agent and/or the new registered office address.		s on our records. <u>enter the</u>	e name of the new reg
Name of New Registered Agent:			
New Registered Office Address:	810 SATURN ST, SUI	TE 24  Enter Florida street address	
	JUPITER		. 33477
	Cin		$\frac{33477}{Zip\ Code}$

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.

Rob Hamman

SIGN HERE

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>	Type of Action
MGR	JERRY ANDERSON	810 SATURN ST. SUTIE 24	□Add
		JUPITER, FL 33477	■Remove
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77.00 ·	must be specific and cannot be prior to date of filing-	or more than 90 days after filing.) Pursuant to 60 filing requirements, this date will not be lis	05.0207 (3) sted as the
(If an effective date is listed, the date r			
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(If an effective date is listed, the date r  Note: If the date inserted in this document's effective date on the he record specifies a delayed effec	EDepartment of State's records.  State's records.  State's records.  State's records.  2023		
Note: If the date inserted in this document's effective date on the he record specifies a delayed effectord is filed.	Department of State's records.		

Filing Fee: \$25.00