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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ROBERT D. ROYSTON, JR., P.A.

Account Number : I20150000047

Phone : (239)205-2225

Fax Number : (239)205-2016

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

⊈Email Address:\_\_\_rroyston@rroystonlawcom\_ 돌등

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CRE COMMERCIAL PARTNERS LLC

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To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CRE COMMERCIAL PARTNERS LLC			
(Name of the Limited Liability Co (A Fjorida Limi	mpany as it now appears on our records.) ned Liability Company)		
The Articles of Organization for this Limited Liability Comp Florida document number L21000229294	and assig	gned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
CRE COMMERCIAL LLC			
The new name must be distinguishable and contain the words "Limited I	liability Company," the designation "LLC" or	the abbreviation "L.L.	C."
Enter new principal offices address, if applicable:		<del> </del>	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	·	
		<u> </u>	<b>(D</b> )
		[2] [5]	
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			<u></u>
			8
B. If amending the registered agent and/or registered off	ice address on our records, enter the	name of the new	registered
agent and/or the new registered office address here:		΄ 🚆 ω	GD
Name of New Registered Agent:			* <u></u>
New Registered Office Address:	Enter Florida strect address		<del></del>
	, Florid	laZin 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		to manage, enter the title, name, and add	
MGR = MR $AMBR = AR$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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lfan effective c Note: If the	ite, if other than the late is listed, the date mus date inserted in this ble effective date on the De	t be specific and canno ock does not meet th	it be prior to date of fil ne applicable statuto	ing or more than 90	days after filing.) Pursu	unt to 605.0207 ot be listed as
e record spec rd is filed.	ifies a delayed effective	e date, but not an eff	fective time, at 12:0	l a.m. on the earl	ier of: (b) The 90th	day after the
Dated May 1	17	202	24		)	

Typed or printed name of signee