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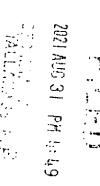
(Red	questor's Name)	
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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

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D. BRUCE SEP 12 2021

COVER LETTER

TO: Registration Division of	n Section Corporations	
T3 Con	mmercial, LLC	
30 20 1011	Name of Limited Liability Company	
	es of Amendment and fee(s) are submitted for filing. respondence concerning this matter to the following:	
	Hanna Herndon	
	Name of Person	
	Spencer Fane LLP	
	Firm/Company	
	1000 Walnut Street, Suite 1400	
	Address	
	Kansas City, MO 64106	
	City/State and Zip Code	
		202
For further informati	ion concerning this matter, please call:	2021 AUG 3
Hanna Herndon	816 474-8100 at ()	G 3
Na	me of Person Area Code Daytime Telephone Number ::?	Phi II
Enclosed is a check t	for the following amount:	61 th 14.
■ \$25.00 Filing Fe	ee \$\sqrt{\$30.00}\$ Filing Fee & \$\sqrt{\$55.00}\$ Filing Fee & \$\sqrt{\$60.00}\$ Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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

T3 Commercial, LLC		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con	mpany were filed on	and assigned
Florida document number	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered o	office address on our records, enter the nan	ne of the new registere
gent and/or the new registered office address here:		120
N. O. O. O. O. O.		Ę.a.
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	C. C. Clark	
	Enter Florida street address	
	, Florida	
	/ 'in	tin fode -

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 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	Damian Probstfield	15900 Front Beach Road, Unit 102	= Add
		Panama City, FL 32413	□Remove
			□Change
			□ Remove
			□Change
<u></u>			🗀 Add
			□Remove
			☐ Change
			Add AUC 3 Remove- Change
			□Remove
			□Change
		 -	□Add

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Filing Fee: \$25.00