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COVER LETTER

Division of Corporations Commercial Residential Management LLC SUBJECT: 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: Lan Bradeen Name of Person Commercial Residential Management LLC Firm/Company 3945 Sawyer Rd Address Sarasota, FL 34233 City/State and Zip Code LanBradeen@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lan Bradeen Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **■ \$25.00** Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

Commercial Residential Management LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{02/01/2023}{1}$ and assigned 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: (Muiling 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 _____ 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.

City

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
AMBR	Adrien L Snively	457 Cantabria Tri	□Add
		Bradenton, FL 34208	■Remove
			□Change
			□ Add
			□Remove
			□Change □Add
			□Remove
			□Change
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ffective date if other than the date of filing	(ontional)
an effective date is listed, the date must be specific and cannot be	(optional) prior to date of filing or more than 90 days after filing.) Pursuant to 60 opticable statutory filing requirements, this date will not be list
ocument's effective date on the Department of State's rec	
record specifies a delayed effective date, but not an effecti d is filed.	ve time, at 12:01 a.m. on the earlier of: (b) The 90th day aft
Dated March 23rd 2023	 ·
Dated March 23rd . 2023	 -

Filing Fee: \$25.00