L23000304726

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COVER LETTER

Division of Corporations Commerical Properties Florida 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: **David Hairston** Name of Person Commerical Properties Florida LLC Firm/Company 1400 Village Square Blvd Suite 3-170 Address Tallahassee, Florida 32312 City/State and Zip Code dhairsto@earthlink.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: David Hairston Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. S25.00 Filing Fee Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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

2023 OCT 11

Commerical Properties Florida LLC		ω
(Name of the Limited 1	Liability Company as it now appears on our records.) Florida Limited Liability Company)	<u> </u>
ne Articles of Organization for this Limited Liabi	lity Company were filed on June 26, 2023	and assigned
orida document number L23000304726	 ·	
is amendment is submitted to amend the followi	ng:	
If amending name, enter the new name of th	e limited liability company here:	
ommercial Properties Florida LLC		
e new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
ntar now principal offices address if applicable		
nter new principal offices address, if applicable		
<u>Principal office address MUST BE A STREET A</u>	(DDRESS)	<u> </u>
		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO		
Mailing address MAT BE A POST OFFICE BO	<u> </u>	
		<u> </u>
	stered office address on our records, <u>enter the na</u>	me of the new regis
gent and/or the new registered office address h	ere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
-	, Florida_	Zin 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 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
			□ Remove
		Change	
			[23] [5] Add
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing tote: If the date inserted in this block does not meet the applicable statutor ocument's effective date on the Department of State's records.	(optional) ng or more than 90 days after filing.) Pursuant to 605.020 ry filing requirements, this date will not be listed a
record specifies a delayed effective date, but not an effective time, at 12:01 is filed.	I a.m. on the earlier of: (b) The 90th day after the
ated $\frac{10/9/2023}{10/1000}$	
Signature of a member or authorized represe	entative of a member
Signature of a member of audionized represe	