L23000527649

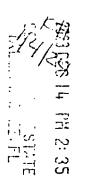
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COVER LETTER

	Registration Sec Division of Corp		·				
SURJEC		cway Commercial LLC					
BODGEC	·•·	Name of Limited Liability Company					
		Amendment and fee(s) are sub	_				
		William H. Wakeman, III					
			Name of Person				
		Bartow Parkway Commerc	cial LLC				
			Firm/Company				
		PO Box 90517					
		Lakeland, FL 33804					
For further William F Enclosed i		whwakeman@insuretech.ne			330 8283		
		E-mail address: (to be used for future annual report notifica	ation)	50 1		
For furth	er information co	oncerning this matter, please co	all:		-		
William	H. Wakeman, III	I	863 529-3465 at ()		PH 2		
	Name of	Person		elephone Number	14 PH 2: 35		
Enclosed	is a check for th	e following amount:					
≣ \$ 25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &		
	Mailing Address Registration S		Street Address: Registration Secti	on			

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

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

Bartow Parkway Commercial, LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records, ited Liability Company)	J
The Articles of Organization for this Limited Liability Complete Florida document number L23000527649	pany were filed on 11/27/2023	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 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES)		or the abbreviation "L.L.C."
Enter new mailing address, if applicable:	PO Box 90517	
(Mailing address MAY BE A POST OFFICE BOX)	Lakeland, FL 33804	ල සි
		2 7
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
New Registered Office Address:	Enter Florida street address	
		rida
	City	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.

If Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□ Rêmove
		- - -	Change
			
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Note: If t	he date inserted	than the date on the date must be spec- in this block does on the Department	es not meet the	applicable sta	of filing or more that tutory filing rea	(option an 90 days after uirements, this	nal) filing.) Pursuant date will not l	io 602.02 e lis ted
ne record spord is filed.		ed effective date,	but not an effe	ective time, at	12:01 a.m. on ti	ne earlier of: (b)) The 90th da	y after ti
Dated	Dece.	In H. Signatu	11/1	<u>013</u> .				
	$-\mathcal{A}$	M. H. Signatu	re of a member	or authorized re	epresentative of a	member		
	•							

Filing Fee: \$25.00