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COVER LETTER

то:	Registration Sec Division of Corp			
()		rial RE Advisors LLC		
SUBJE	(;TI:	Name of Limi	ited Liability Company	
The encl	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspor	ndence concerning this matter	to the following:	
		Joseph McLaughlin		
			Name of Person	
		JP Commercial RE Adviso	ors LLC	
Firm/Company				
		3320 11th St N		
	Address			
		St Petersburg, FL 33704		
			City/State and Zip Code	
		joem@jpcommercialrea.com	n to be used for future annual report notif	tourism)
			·	neadon)
For furt	her information co	oncerning this matter, please co		
Joseph	McLaughlin		at () 750-9242 Area Code Daytime	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclose	d 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)	☐ \$60.00 Filing Fee. Certificate of Status & 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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JP Commercial RE			
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on our lability Company)	records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000315814</u> .	were filed on July 16, 20)24	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation	on "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records	, enter the name of	the new registered
New Registered Office Address:			
New Registered Office / Todaress.	Enter Florida stree	u address	
		, Florida	
	City	Z	ip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my du provided for in Chapte	ties, and Lam fe il ii r 605, F.S. Or, i <u>f</u> ih	llar with and

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	John Esposito	7901 4 St N Ste 300	□Add
		St Petersburg, FL 33702	■Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			TIE 16

). If amending any other infor					
					
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	s block does not meet th	ne applicable statutor	ng or more than 90 days a ry filing requirements.	ottonary fter filing.) Pursuant to this date will not be	o 605.0207 (e listed as t
the record specifies a delayed effector is filed.	ctive date, but not an eff	fective time, at 12:0	l a.m. on the earlier of		
cord is med.				EC!	024 /
Dated August 7	. 20:	24		F-1 315.	2024 AUG 12
		_		75 A	
	Signature of a member	er or authorized represe	entative of a member		Œ
Joseph McLaughlin				FL	2:
	Турес	d or printed name of si	gnee		_ص