

MO2000002809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200009580802

12/26/02--01005--003 \*\*25.00

# M02000002809

Requestor's Name  
Address  
City/State/Zip Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) (Document #)
2. \_\_\_\_\_ (Corporation Name) (Document #)
3. \_\_\_\_\_ (Corporation Name) (Document #)
4. \_\_\_\_\_ (Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

| NEW FILINGS              |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit            |
| <input type="checkbox"/> | NonProfit         |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication     |
| <input type="checkbox"/> | Other             |

| AMENDMENTS               |  |
|--------------------------|--|
| <input type="checkbox"/> | Amendment                              |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent             |
| <input type="checkbox"/> | Dissolution/Withdrawal                 |
| <input type="checkbox"/> | Merger                                 |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 DEC 27 AM 10:07

26006458082  
12/26/02 01005 003

**YANEK REALTY, LLC**  
**(fka COMMERCE EXCHANGESERVICE, LLC)**  
**749 Thornberry Trail**  
**North Lima, Ohio 44452**  
**Reg No. 1325869**

10/10/02

Florida Department of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

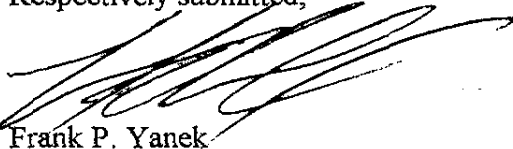
**RE: Articles of Amendment for LLC Name and Address Change**  
**Document number F02000003961**

To Whom it May Concern:

Please find attached a limited liability company certificate of amendment in regards to the above named LLC, Yanek Realty, LLC (fka Commerce Exchange Service LLC) with the registration number 1325869. Also note that the new address for this LLC is 749 Thornberry Trail, North Lima, Ohio 44452. Also find attached State of Ohio Certificate for Yanek Realty as well as certificate of membership and Statutory Agent update. The Federal Identification Number for the LLC is 271800664.

If you have any questions in regards to this, please do not hesitate to contact me.

Respectively submitted,



Frank P. Yanek  
Statutory Agent for Yanek Realty, LLC

Cc: CT Cooperation System  
1200 South Pine Island Road  
Plantation, Florida 33324  
FPY/tla

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FLORIDA DEPARTMENT OF STATE


Jim Smith  
Secretary of State

October 25, 2002

FRANK P. YANEK  
YANEK REALTY, LLC  
749 THORNBERRY TRAIL  
NORTH LIMA, OH 44452

SUBJECT: COMMERCE EXCHANGE SERVICE, LLC  
Ref. Number: M02000002809

In response to your letter of October 10, 2002, please find enclosed the forms and instructions for filing an amendment (for the name change) and a change of agent (if you need to change your Florida agent). The two forms can be filed for a single fee of \$25 if you return them with a copy of this letter. Please note that there is no fee for an address change, and the address change you requested has been filed. In order for your name change to be filed you must also submit the document described in the next paragraph, because the copies you sent are different from the certification we require.

 An original, duly authenticated certificate from the state of incorporation/organization evidencing the amendment, must be submitted with the application. The certificate must have been issued within the past 90 days.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 102A00059013

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO  
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

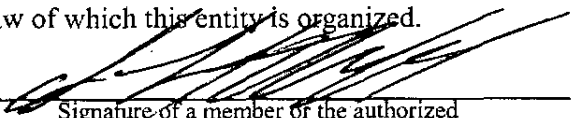
1. Name of limited liability company as it appears on the records of the Florida Department of State: COMMERCE EXCHANGE SERVICE, LLC,
2. Jurisdiction of its organization: STATE OF OHIO
3. Date authorized to do business in Florida: 8-2-02

**SECTION II (4-7 complete only the applicable changes)**

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 9-25-02
5. New name of the limited liability company: YANEK REALTY, LLC
6. If the amendment changes the period of duration, indicate new period of duration: ~ / ~
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: ~ / ~
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: ~ / ~

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9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of a member of the authorized  
representative of a member

FRANK P. YANEK

Typed or printed name of signee

Filing Fee: \$25.00

Doc ID -->

200226800636



|            |              |  |        |        |         |      |      |
|------------|--------------|--|--------|--------|---------|------|------|
| DATE:      | DOCUMENT ID  | DESCRIPTION                                    | FILING | EXPED  | PENALTY | CERT | COPY |
| 09/25/2002 | 200226800636 | AMEND/ARTICLES-<br>ORGANIZATION/DOM. LLC (LAM) | 50.00  | 100.00 | .00     | .00  | 00   |

**Receipt**

This is not a bill. Please do not remit payment.

MANCHESTER, BENNETT POWERS & ULLMAN  
GINA A RICHARDSON  
201 E. COMMERCE STREET LV  
YOUNGSTOWN, OH 44503

# STATE OF OHIO

**Ohio Secretary of State, J. Kenneth Blackwell**

1325869

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**YANEK REALTY, LLC**

and, that said business records show the filing and recording of:

Document(s)  
**AMEND/ARTICLES-ORGANIZATION/DOM. LLC**

Document No(s):  
**200226800636**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of  
the Secretary of State at Columbus,  
Ohio this 25th day of September,  
A.D. 2002.

*J. Kenneth Blackwell*  
Ohio Secretary of State

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DIVISION OF CORPORATIONS  
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Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State  
 Central Ohio: (614) 466 3910  
 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos  
 e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)

☒ Yes PO Box 1390  
 Columbus, OH 43216  
 \*\*\* Requires an additional fee of \$100 \*\*\*  
☐ No PO Box 1028  
 Columbus, OH 43216

**Limited Liability Company Certificate of  
 Amendment / Restatement / Correction**  
 (Domestic or Foreign)  
 Filing Fee \$50.00

**(CHECK ONLY ONE (1) BOX)**

|  |  |
|--|--|
| <b>(1) Domestic Limited Liability Company</b><br><input checked="" type="checkbox"/> Amendment (129-LAM)<br><input type="checkbox"/> Restatement (142-LRA)<br><u>June 24, 2002</u><br>(Date of Organization) | <b>(2) Foreign Limited Liability Company</b><br><input type="checkbox"/> Correction (135-LFC)<br><br>(Home State) _____ (Qualifying in Ohio on MM/DD/YY) _____ |
|--|--|

The undersigned authorized representative of Commerce Exchange Service, LLC 1325869  
 (Name) (Registration Number)

The above stated Limited Liability Company does hereby certify that the undersigned is duly authorized to execute this certificate, and hereby certifies that the above named Limited Liability Company ☒ Amend ☐ Restate ☐ Correct the following:

**Complete the information in this section if box (1) Restatement is checked, all sections below must be completed. If box (1) Amendment or box (2) Correction is checked only complete sections that applies.**

**FIRST:** The name of said limited liability company shall be:

Yanek Realty, LLC

(the name must include the words "limited liability company", "limited", "Ltd.", "LLC", or "L.L.C.")

**SECOND: (OPTIONAL)** This limited liability company shall exist for a period of Perpetual

**THIRD:** The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is (OPTIONAL):

749 Thornberry Trail

(street address)

NOTE: P.O. Box Addresses are NOT acceptable.

North Lima

OH

44452

(city, township, or village)

(state)

(zip code)

☐ Please check if additional provisions attached hereto are incorporated herein and made a part of these articles of organization.

**FOURTH:** Purpose (OPTIONAL)

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Complete the information in this section if box (2) is checked and the Limited Liability Company wants to appoint a statutory agent

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is:

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City, village or township)

Ohio

(State)

(Zip Code)

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if:

- A. the agent cannot be found or,
- B. the limited liability company fails to designate another agent when required to do so, or,
- C. the limited liability company's registration to do business in Ohio expires or is cancelled.

**REQUIRED**  
Must be authenticated (signed)  
by an authorized representative  
(See Instructions)

*Gina A. Richardson*  
Authorized Representative  
Gina A. Richardson

9-19-02

Date

Authorized Representative

Authorized Representative

Date

Date

Authorized Representative

Authorized Representative

Date

Date

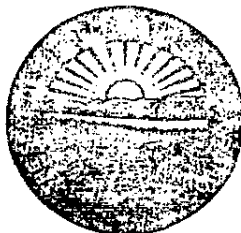
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DIVISION OF CORPORATIONS  
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#1325869

UNITED STATES OF AMERICA,  
STATE OF OHIO,  
OFFICE OF THE SECRETARY OF STATE

I, J. Kenneth Blackwell, Secretary of State of the State of Ohio, do hereby certify that the foregoing is a true and correct copy, consisting of 3 pages, as taken from the original record now in my official custody as Secretary of State.



WITNESS my hand and official seal at  
Columbus, Ohio, this 4<sup>th</sup> day of  
DECEMBER A.D. 2002

J. Kenneth Blackwell

J. KENNETH BLACKWELL  
Secretary of State

By: C. M. L. K. O. U.

NOTICE: This is an official certification; only when reproduced in red ink