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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LENNAR COMMERCIAL SERVICES, LLC

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MAR 22

3/21/2016 12:05:10 PM From: To: 8506176383(2/4)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION	I (1-4 must be completed)	
1. Name of limited liability Company as it appears	on the records of the Florida Department of	
State: LENNAR COMMERCIAL SE	RVICES, LLC	題でか
Enter new principal office address, if applicable:		10 May 2 May 55
(Principal office address MUST BE A STREET ADDRESS)		— 5
Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited liab	oility company is: M1300005191	
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: Aug	just 16, 2013	
SECTION II (5-9 complete only the applicable of 5. New name of the limited liability company: RI (must	hanges) ALTO PROPERTY MANAGEMENT, L contain "Limited Liability Company," "L.L.C.," or '	LC TLC.")
(If name unavailable, enter alternate name adopted topy of the written consent of the managers or manamust contain "Limited Liability Company," "L.L.C.	for the purpose of transacting business in Florida and aging members adopting the alternate name. The alter " or "LLC.")	attach a nate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office add	l officer address on our records, <u>enter the name of the</u> dress here:	new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida Street Address	
	, Florida	
	City Zip Co	de
the provisions of all statutes relative to the proper a and accept the obligations of my position as registe.	t and agree to act in this cupacity. I further agree to a and complete performance of my duties, and I am fam red agent as provided for in Chapter 605, F.S. Or, if i n the registered office address, I hereby confirm that i	íliar with this

3/21/2016 12:05:10 PM From: To: 8506176383(3/4) 2016 MAR 21 AM 9:56 7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: 8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change Title/ Capacity Type of Action Name <u>Address</u> Remove ___Add Remove ___Add Remove _□ Add Remove ___ Add Remove 9. Attached is a certificate, if required: 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 the authorized representative

Mark Sustana

Typed or printed name of signee

Filing Fee: \$25.00





I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "LCI PROPERTY MANAGERS,

LLC" FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO

"LENNAR COMMERCIAL SERVICES, LLC", ON THE NINTH DAY OF JUNE, A.D.

2014, AT 6:04 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THE SAID "LENNAR COMMERCIAL SERVICES, LLC" FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "RIALTO PROPERTY MANAGEMENT, LLC", ON THE SEVENTEENTH DAY OF MARCH, A.D. 2016, AT 4:24 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RIALTO

PROPERTY MANAGEMENT, LLC", IS THE LAST KNOWN TITLE OF RECORD OF

THE AFORESAID LIMITED LIABILITY COMPANY.

Authentication: 202003539

Date: 03-17-16