

L 99000005248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

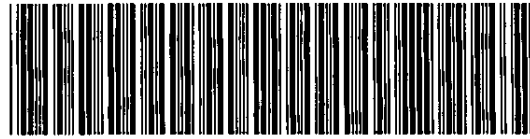
(Business Entity Name)

(Document Number)

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

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Office Use Only



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14 JUL 14 AM 11:56  
FBI - TAMPA  
RECEIVED

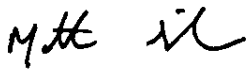
July 10, 2014

To Whom It May Concern,

I called the Registration Section and was directed to Mrs. Kenny Manning on July 10 regarding the check enclosed with this application. I explained that we had made the check payable to 'Registration Section' instead of the Florida Department of State. Mrs. Manning indicated that this was permissible, and that she would authorize you to stamp over the checks to make them payable to the Florida Department of State.

Should you have any questions, please do not hesitate to contact me at 321.541.1343.

Sincerely,

A handwritten signature in black ink, appearing to read "Matt Girden".

Matt Girden  
Finance Manager  
Venture Management Group

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MURRELL ROAD OFFICE COMPLEX, LLC**  
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:

**Matt Girden**

Name of Person

**Venture Management Group**

Firm/Company

**110 East Drive**

Address

**Melbourne, FL 32904**

City/State and Zip Code

**mgirden@venturemgtgroup.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Matt Girden**

Name of Person

at **321 541-1343**

Area Code

Daytime Telephone Number

Enclosed is a check for the 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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MURRELL ROAD OFFICE COMPLEX, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/24/1999 and assigned Florida document number L99000005248.

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 end with the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

110 East Drive

**(Principal office address MUST BE A STREET ADDRESS)**

Melbourne, Florida 32904

Enter new mailing address, if applicable:

110 East Drive

**(Mailing address MAY BE A POST OFFICE BOX)**

Melbourne, Florida 32904

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

110 East Drive

Enter Florida street address

Melbourne

City

, Florida 32904

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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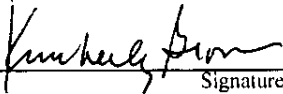
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 27, 2014



Signature of a member or authorized representative of a member

Kimberly Brown

Typed or printed name of signee

14 JUL 11 10:11 AM '14