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G. MCLEOD

EXAMINER



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SECRETARY OF STATE
ALLAHASSEE FLORID

G. MCLEOD
FEB - 4 2011
EXAMINER

COVER LETTER

TO:	Registration S Division of Co							
SUBJE		t Orange Of	fice Propertion	es, L.C.				
SUBJE	.ci: <u> </u>		ited Liability Company					
The end	closed Articles of	f Amendment and fee(s) are su	bmitted for filing.					
Please 1	return all corresp	ondence concerning this matter	r to the following:					
·								
	**		David M. Grier, Trustee					
			Name of Person					
		Wm. A. Steele G	rantor, Charitable Lea	d Annuity Trust				
			Firm/Company					
	P.O. Box 377							
			Address					
		v	Vindermere, Fl. 34786 City/State and Zip Code					
		dmo	grier.trustee@gmail.co	m				
		E-mail address: (to be used for future annual repo	rt notification)				
For furt	her information o	concerning this matter, please of	call:					
	Da	avid M. Grier	at (407)	832-2606				
Name of Person				Daytime Telephone Number	_			
		he following amount:		<u></u>				
√] \$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy	\$60.00 Filing Fe Certificate of S	tatus &			
			(additional copy is er	closed) Certified Copy (additional cop				
	MAIL	ING ADDRESS:	STREET/C	OURIER ADDRESS:				
Registration Section Division of Corporations			Registration	•				
		on of Corporations ox 6327	Clifton Buil					

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

West Orange	Office	Properties.	L, C,
(Name of the Limited Liability (A Florida)	y Company as it r Limited Liability (i <mark>ow appéars on our ré</mark> Company)	cords.)
The Articles of Organization for this Limited Liability C	Company were fil	ed on	2003 and assigned
Florida document number <u>L030000 12615</u>	.	•	
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lim</u>	ited liability con	npany here:	
The new name must be distinguishable and end with the wor"L.L.C." Enter new principal offices address, if applicable:	rds "Limited Liabi	ility Company," the des	ignation "LLC" or the abbreviation
(Principal office address MUST BE A STREET ADDI	PF.CC)		· · · · · · · · · · · · · · · · · · ·
1. megan office man tab med a Bari Biribli med		· · · · · · · · · · · · · · · · · · ·	<u>}</u> €€ =
	,		ARE E
Enter new mailing address, if applicable:	- 111, i 		SSE -3
(Mailing address MAY BE A POST OFFICE BOX)	 		me s m
			
B. If amending the registered agent and/or registered agent and/or the new registered office add		lress on our record	s, enter the name of the new
Name of New Registered Agent:	 		
New Registered Office Address:			
		Enter Florida	street address
	City	, F	lorida Zip Code
	Cuy		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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Grier, David M., Trustee	William A. Steele, Charitable Lead Ann P.O. Box 377 Windermere, FL. 34786	✓ Add Remove
MGRM	Steele, William A Dr.	7932 West Sand Lake Road Suite 203 Orlando, Fl. 32819	Add Remove
MGRM	Goff, Maynard Dr.	7932 West Sand Lake Road Suite 203 Orlando, Fl. 32819	Add Remove
			Add Remove
•			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_
			_
			_
Dated	Э. И.	£9	_
-	Signature of a member of	or authorized representative of a member	
		M Grier, Trustee	
_	Typed o	r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00