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EXAMINER



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09/06/12--01013--014 **25.00

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SECRETARY OF STATE

COVER LETTER

Division of Corp	porations					
SUBJECT:	Foundation	n Park Offices LLC				
	Name of Limited Liability Company					
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspon	ndence concerning this matter	r to the following:				
		·				
		Name of Person				
	Tom Wessel Construction Corp.					
		Firm/Company				
	2639 Fruitville Road, Suite 303					
		Address				
		Sarasota, FL 34237				
	City/State and Zip Code					
tom@tomwesselconstruction.com						
	E-mail address: (to be used for future annual report notification	ation)			
For further information co	ncerning this matter, please o	eall:				
C	athy Willis	9/11	65 - 1145			
Name of Person		at (941) 3 Area Code & Daytime	Telephone Number			
Enclosed is a check for the	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:

TO:

Registration Section

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

(Name of the Limited	Liability Compa	rk Offices, LLC inv as it now appears on o Liability Company)	ur records.)	. ·	
The Articles of Organization for this Limited Li Florida document numberL04000071	•	were filed on1	0-04-04	and assi	gned
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liab	oility company here:			
The new name must be distinguishable and end wit "L.L.C."	h the words "Lim	ited Liability Company," th	ne designation "l	LLC" or the al	obreviation
Enter new principal offices address, if applicable:		2639 Fruitville Roa	ad		
(Principal office address MUST BE A STREE	T ADDRESS)	Suite 303	2	<u>. 7</u>	
		Sarasota, FL 3423	37	33	, 1-p ; 3 ; 3
			ASSE	9-6	er magen space to
Enter new mailing address, if applicable:		2639 Fruitville Roa			Π
(Mailing address MAY BE A POST OFFICE BOX)		Suite 303			
		Sarasota, FL 3423	<u> 공</u>	5	
B. If amending the registered agent and/o registered agent and/or the new registered of			cords, <u>enter</u>	the name of	the new
Name of New Registered Agent:	Tom Wesse	el			
New Registered Office Address:	2639 Fruitville Road, Suite 303 Enter Florida street address				
		Sarasota City	, Florida	34237 Zip Code	
New Begistered Agent's Signeture if changing D	agistared Agents	•		2.000	

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 Title <u>Name</u> **Address** Type of Action **MGRM** Don Lawson 4910 Lakewood Ranch Blvd ☐ Add ✓ Remove Suite 120 Sarasota, FL 34240 MGRM Lisa Lawson 4910 Lakewood Ranch Blvd. ☐ Add Remove Suite 120 Sarasota, FL 34240 PATRICE WESSER MGRM Add Remove □Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _____ &-28-12 2012 Signature of a member or authorized representative of a member Thomas J. Wessel

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee