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SECRETARY OF STATE

TALL AHASSEE, FLORIDA

COVER LETTER

Division of Corporations		
SUBJECT: THE OFFICE PARK 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:		
JUNARDA SEKTEZ Name of Person		
PRHECADE THURSTNETS Firm/Company		
305 Alcazar AVE. Ste#3		
CORPL CARIES, F. 33134 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
S25.00 Filing Fee Satus Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status Satus Set 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

FILED

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SECRETARIAN SEE - SECRETARIANS SECRETARIANS SEE - SECRETARIANS SEC

Zip Code

THE OFFICE	RALLAMASSEE, FLORIDA
(Name of the Limited Liability Compa (A Florida Limited	any as it now addears on our records.)
The Articles of Organization for this Limited Liability Company	y were filed on $5/11/2005$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	
*** ****	Enter Florida street address
,	, Florida

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.

City

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 Address Type of Action** Name 1 ☐ Add Remove 8370 NW 159 TEST. ☐ Add ☐ Remove □ Add Remove □Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated derjor authorized representative of a member Signature of a mem nachado Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00