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. (Re	questor's Name)	1
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to I	Filing Officer:	
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G. MCLEOD

EXAMINER



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SECRETARY OF STATE

G. MCLEOD

FFB - 4 2011

EXAMINER

COVER LETTER

TO:	Registration Sec Division of Corp	orations			
~* I D I I		Soul Lake	Office Proper	ties LC	
SUBJE	ECT:	Name of Limi	ited Liability Company		
The en	closed Articles of A	mendment and fee(s) are sul	omitted for filing.		
Please	return all correspon	dence concerning this matter	to the following:		
	٠	n	avid M. Grier, Trustee		
			Name of Person		
		Wm. A. Steele G	rantor, Charitable Lead A Firm/Company	nnuity Trust	
		•	1 titis company		
•	P.O. Box 377				
			Address	•	
		V	Vindermere, Fl. 34786		
			City/State and Zip Code		
		dmg	rier.trustee@gmail.com to be used for future annual report no	titization)	
F. C.	4 . 5	·	•	· ·	
ror Tur	ther information co	ncerning this matter, please o	ali:		
	Dav	id M. Grier	at (_407_)	832-2606	
Name of Person		Area Code & Dayt	ime Telephone Number		
Enclose	ed 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)	Certificate of Status & Certified Copy (additional copy is enclosed)	
	MAILIN	NG ADDRESS:	STREET/COU	RIER ADDRESS:	
Registration Section Division of Corporations			Registration Sec Division of Corp		
	P.O. Box		Clifton Building		

Tallahassee, FL 32314

TO:

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sand Lake C	2f-Cice	Propert	ies, L,	<i>C</i> .	_	
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as a Limited Liabili	it now appears ty Company)	on our records.)	_	
The Articles of Organization for this Limited Liability	Company were	e filed on	0/31/20	05 and	assigned	l
Florida document number <u>L05000 10624</u>	<u>3</u> .		,			
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lin	nited liability (company here	:			
The new name must be distinguishable and end with the will.L.C."	ords "Limited Li	iability Compan	y," the designation	on "LLC" or t	he abbrev	iation
Enter new principal offices address, if applicable:	-	,, , , , , , , , , , , , , , , , , , ,				
(Principal office address MUST BE A STREET ADD	RESS)			TALL SE	<u> </u>	
·	_			- <u>></u>		7
				ASSI	ن آ ت	
Enter new mailing address, if applicable:	_		····	— <u>Fig</u>	2 1	7
(Mailing address MAY BE A POST OFFICE BOX)		 			2 5	j .
	<u> </u>			SA SA		
•				D _M	N	
B. If amending the registered agent and/or registered agent and/or the new registered office ad		address on ou	ır records, <u>ent</u>	er the nam	e of the	new
Name of New Registered Agent:						
Manie of New Registered Agent.	·					_
New Registered Office Address:		Ente	r Florida street	address		
			, Florida			
	Cit	y	, FIORIUS	Zip C	ode	
Name Danistanus d'Aranda Cianatura de abancia a Danistan						

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

Page 1 of 2

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGRM	Grier, David M., Trustee	Wm. A. Steele, Charitable Lead Annuin P.O. 377 Windermere, Fl. 34786	_ ✓ Add _ ☐ Remove		
<u>MGRM</u>	Steele, William A. Dr.	7932 West Sand Lake Road Suite 203 Orlando, Fl. 32819	☐ Add ☑ Remove		
			Add Remove 		
-			Add Remove		
			Add Remove		
***************************************	· · · · · · · · · · · · · · · · · · ·		Add Remove _		
D. If amend	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	_		
_			-		
			_		
Dated	Dated				
	-	per or authorized representative of a member			
		ed or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00