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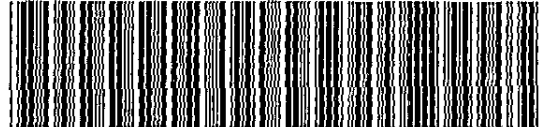
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FLORIDA EXECUTIVE OFFICE SUITES, 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:

Madeleine Guffy

(Name of Person)

Florida Executive Office Suites, LLC

(Firm/Company)

17656 122nd Drive North

(Address)

Jupiter, FL 33478

(City/State and Zip Code)

For further information concerning this matter, please call:

Madeleine Guffy

(Name of Person)

at ( 561 ) 743-3505

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

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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

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TALLAHASSEE, FLORIDA

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

Florida Executive Office Suites, LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on November 14, 2005 and assigned document number L05000110100.

**SECOND:** This amendment is submitted to amend the following:

Article V

Title: OWNER

Robert Guffy

17656 122nd Dr. N

Jupiter, FL 33478 US

Title: OWNER

Madeleine Guffy

17656 122nd Dr. N

Jupiter, FL 33478 US

Title: MGR

Gregory Kimball

3215 Verdmont Lane

Wellington, FL 33414 US

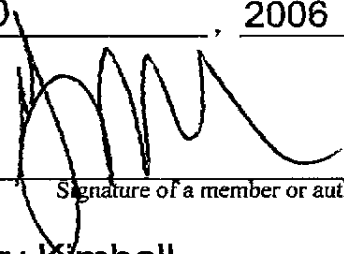
Title: MGR

James Workman

1405 North N St.

Lake Worth, FI US

Dated January 10, 2006

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Gregory Kimball

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

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