

LD6000009670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

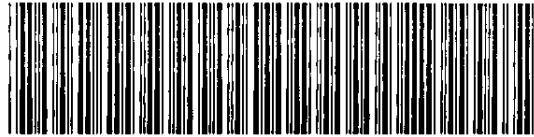
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

60. Gulligan MAR 11 2008

**BRYAN J. STANLEY, P.A.**

ATTORNEY AT LAW

114 TURNER STREET  
CLEARWATER, FLORIDA 33756

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E-MAIL: [bryan@bryanjstanley.com](mailto:bryan@bryanjstanley.com)

March 6, 2008

**VIA REGULAR U.S. MAIL**

Florida Department of State  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Articles of Amendment to Articles of Organization of Commonwealth Office  
Park of Land O' Lakes, LLC

Ladies and Gentlemen:

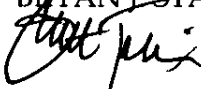
Enclosed herewith please find the following items related to the captioned matter:

- Cover letter to Registration Section, Division of Corporations;
- Articles of Amendment to Articles of Organization of Commonwealth Office Park of Land O' Lakes, LLC; and
- This firm's check no. 4149 in the amount of \$25.00 payable to the Florida Department of State.

Following the filing of the subject Amendment, please direct your letter acknowledging the filing of same to the undersigned at the address listed on this letterhead. Thank you for your prompt attention to this matter.

Sincerely,

BRYAN J. STANLEY, P.A.



Scott Torrie, Esq.

BJS/mf

Enclosures

cc. Carlos A. Yepes (w/enclosures)

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COMMONWEALTH OFFICE PARK OF LAND O' LAKES, 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:

SCOTT TORRIE, ESQ.  
(Name of Person)

BRYAN J. STANLEY, P.A.  
(Firm/Company)

114 TURNER STREET  
(Address)

CLEARWATER, FL 33756  
(City/State and Zip Code)

For further information concerning this matter, please call:

SCOTT TORRIE  
(Name of Person)

at (727) 446-0725  
(Area Code & Daytime Telephone Number)

Enclosed 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)

☐ \$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

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

COMMONWEALTH OFFICE PARK OF LAND O' LAKES, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JANUARY 26, 2006 and assigned Florida document number 206000009670.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: BRYAN J. STANLEY, ESQ.

New Registered Office Address: 114 TURNER STREET  
(Enter Florida street address)

CLEARWATER, Florida 33756  
(City) (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>	<u>Address</u>	<u>Type of Action</u>
MGR	Joshua Management Services Company	6107 Memorial Highway Suite G Tampa, FL 33615	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated MARCH 3, 2008

Bryan J. Stanley  
Signature of a member or authorized representative of a member  
Bryan J. Stanley  
Typed or printed name of signee

FILED  
08 MAR 10 PM 3:14  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA