L06000094808

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COVER LETTER

TO: Registration Division of C	Section Corporations				
SUBJECT:	16 Or	n Center, LLC			
		ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corres	spondence concerning this matte	r to the following:			
		Matthew J. O'Brien			
		Name of Person			
16 On Center, LLC					
		Firm/Company			
	7025	5 CR 46A Suite 1071-358			
		Address			
		Lake Mary, FL 32746			
City/State and Zip Code					
	F-mail address:	co@16-oncenter.com to be used for future annual report notifi	cation		
For further information	concerning this matter, please		Canony		
Ма	tthew J. O'Brien	at (407 \	373-4111		
Name of Person		at (_407) 373-4111 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

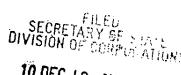
MAILING ADDRESS:

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 DIVISION OF **OF**



	,	10 PFC 13	AM 10: 06
	16 On Center, LLC		00
(Name of the Limite	ed Liability Company as it now ap A Florida Limited Liability Compar	pears on our records.)	
(A Florida Limited Liability Compar	1y) ;	
The Articles of Organization for this Limited	Liability Company were filed on _	September 27, 200	and assigned
Florida document numberL0600009	94808		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :	
	Sixteen On Center, LLC		
The new name must be distinguishable and end w "L.L.C."	with the words "Limited Liability Co	mpany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
		<u> </u>	
Enter nom mailing address if and the late			
Enter new mailing address, if applicable:			
<u>(Mailing address MAY BE A POST OFFICE</u>	E BOX)		
			_
B. If amending the registered agent and	l/or registered office address o	n our records, <u>enter tl</u>	ie name of the new
registered agent and/or the new registered o	office address here:		
Name of New Registered Agent:	Jeffrey M. Huss		
New Registered Office Address:	12107 Hillwood Drive		
		Enter Florida street addr	ess
	, Sanford	, Florida	32771
	City		Zip Code
Now Pogistared Agent's Signature if showing	Desistand Asset.		

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

Type of Action Address Title <u>Name</u> MGR Matthew J. O'Brien 7025 CR 46A ☐ Add Suite 1071-358 ✓ Remove Lake Mary, FL 32746 Matthew J. O'Brien MGRM 7025 CR 46A ✓ Add Remove Suite 1071-358 Lake Mary, FL 32746 MGRM Chrystal A. O'Brien 7025 CR 46A ✓ Add Suite 1071-358 Remove Lake Mary, FL 32746 □Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) December 10 2010 Dated ___ Signature of a member or authorized representative of a member Matthew J. O'Brien Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00