L07000050788

- : •	(Requestor's Name)
*	· ·
	(Address)
	(Address)
	(City/State/Zip/Phone #)
. , PICK-U	P WAIT MAIL
t , ,,,,,,,	
	(Business Entity Name)
	(Document Number)
Certified Copies	. Certificates of Status
Special Instruction	ns to Filing Officer:
	, .
	•
	•

Office Use Only



300183269313

07/30/10--01021--023 **25.00

TO ACKNOWNEDGE
SUFFICIENCY OF FILING

RECLIVED
NEW ATMOST OF STATE
OF THE STATE OF STATE
OF THE STATE
OF TH

B. KOHR
JUL 3 0 2010

EXAMINER

JEURCIARY OF STATE
OF STATE
OF CORPORATIONS



ON SERVICE COMPANY.					6 50
	ACCOUNT NO.	:	120000001	95	10 1/1 30
	REFERENCE	:	463958	82866A	
	AUTHORIZATION	:			
	COST LIMIT	:	\$ PPD		
ORDER DATE :	July 30, 2010				
ORDER TIME :	10:02 AM				
ORDER NO. :	463958-045				
CUSTOMER NO:	82866A				
NAME :	DOMESTIC AM				
EFFECTIV	E DATE:				
XX ARTICLES RESTATED	OF AMENDMENT ARTICLES OF INCO	RPO	RATION		
PLEASE RETURN	THE FOLLOWING AS	PRO	OF OF FILIN	G:	
CERTIF PLAIN CERTIF		NDI	NG		

CONTACT PERSON: Doreen Wallace -- EXT# 2928

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OD VII COMMERCIAL, LLC

To UI SO MANDE STITUTE OF THE PARTIES.

(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appear a Limited Liability Company)	s on our records.)	170
The Articles of Organization for this Limited Liability Florida document numberL0700050788		05/14/2007	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the li</u>	mited liability company her	<u>e</u> :	
The new name must be distinguishable and end with the v 'L.L.C."	vords "Limited Liability Compa	ny," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	DRESS)	·	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			-
B. If amending the registered agent and/or reg registered agent and/or the new registered office a		our records, enter t	he name of the ne
Name of New Registered Agent:			
New Registered Office Address:	Fn	ter Florida street ada	ress
	Li.		
	City	, Florida	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 **Title** <u>Name</u> <u>Address</u> Type of Action Obyssey Management III, LC **MGR** 500 SOUTH FLORIDA AVENUE, SUITI Add LAKELAND, FLORIDA 33801 OC DIP, LLC MGR 500 SOUTH FLORIDA AVENUE, SUITE Add LAKELAND, ELORIDA 33801 Add 🔲 ☐ Remove ∏ Add Remove _□Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _____JULY 30 2010 Signature of a member of authorized representative of a member SAMUEL A. HOUGHTON Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00