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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS

JAN -5 2010

EXAMINE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Orlando Gateway Partners, 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: -

Jason G. Williams

Name of Person

Shutts & Bowen, LLP

Firm/Company

300 S. Orange Ave., Suite 1000

Address

Orlando, Florida 32801

City/State and Zip Code

jwilliams@shutts.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason G. Williams

Name of Person

at ( 407 )

423-3200

Area Code & Daytime Telephone Number

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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**

**ORLANDO GATEWAY PARTNERS, 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 August 16, 2007 and assigned  
Florida document number L07000084084.

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."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

5875 Peachtree Industrial Blvd.

Suite 340

Norcross, GA 30092

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

5875 Peachtree Industrial Blvd.

Suite 340

Norcross, GA 30092

**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:

Corporation Company of Orlando

New Registered Office Address:

300 S. Orange Ave., Suite 1000 (JGW)

*Enter Florida street address*

Orlando

*City*

Florida

32801

*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.*

*[Signature]*  
**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>
MGRM	Steven C. Smith	2520 Northwinds Parkway Suite 325 Alpharetta, GA, 30009	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Niloy & Rohan, LLC	5875 Peachtree Industrial Blvd. Suite 340 Norcross, GA 30092	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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ATLANTA, GEORGIA

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

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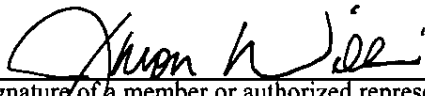


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Dated December 29, 2009

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 Jason G. Williams, Authorized Representative  
 \_\_\_\_\_  
 Typed or printed name of signee