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# Florida Department of State

Division of Corporations Public Access System

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

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### O.B.T. PROPERTIES, LLC

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12/2/2008

#### **COVER LETTER**

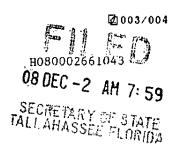
|                              | Registration Section Division of Corporations |  |   |  |  |
|------------------------------|---|--|---|--|--|
| SUBJECT: O.B.T.              | Properties, LLC                               |  |   |  |  |
|                              | (Name of Lim                                  | ited Liability Company)  | ····  |  |  |
| The enclosed Articles of A   | mendment and fee(s) are sub                   | mitted for filing.   |   |  |  |
| Please return all correspond | dence concerning this matter                  | to the following:  |   |  |  |
|                              |   |  |   |  |  |
|                              |   |  |   |  |  |
|                              | ı.  |  |   |  |  |
|                              |   |  |   |  |  |
|                              |   |  |   |  |  |
|                              | <del></del>                                   |  |   |  |  |
|                              |   |  |   |  |  |
|                              |   |  |   |  |  |
| For further information cor  | neerning this matter, please c                | all:   |   |  |  |
| Vanessa J. DiSimone, E       | squire  | at ( 407 ) 423-4246<br>(Area Code & Daytime T                      |   |  |  |
| (Name of                     | Person)                                       | (Area Code & Daytime T   | elephone 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) |  |  |

MAHANG 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



| (Name of the Limited  | O.B.T. Prope<br>Liability Compa<br>Florida Limited L           |                                       | 's on our records.)      |                         |  |
|---|--|---------------------------------------|--------------------------|-------------------------|--|
| The Articles of Organization for this Limited L Florida document number L08000060168  | iability Company   | were filed on                         | June 17, 2008            | and assigned            |  |
| This amendment is submitted to amend the foll   | owing:   |                                       |                          |                         |  |
| A. If amending name, enter the new name o   | f the limited liab   | oility company her                    | <u>e</u> :               |                         |  |
| The new name must be distinguishable and end wi "L.L.C."                              | th the words "Limi   | ited Liability Compa                  | my," the designation "LL | .C" or the abbreviation |  |
| Enter new principal offices address, if applicable:                                   |  | 1411 South Orange Blossom Trail       |                          |                         |  |
| (Principal office address MUST BE A STREET ADDRESS)                                   |  | Orlando, FL 32805                     |                          |                         |  |
| Enter new mailing address, if applicable:   |  | 1411 South Orange Blossom Trail       |                          |                         |  |
| (Mailing address MAY BE A POST OFFICE BOX)  |  | Orlando, FL 32805                     |                          |                         |  |
| B. If amending the registered agent and registered agent and/or the new registered of |  |                                       | our records, enter th    | e name of the new       |  |
| Name of New Registered Agent:   |  |                                       |                          |                         |  |
| New Registered Office Address:  | 1411 South Orange Blossom Trail (Enter Florida street address) |                                       |                          | zave)                   |  |
|   | _  | · · · · · · · · · · · · · · · · · · · |                          |                         |  |
|   | Orlando  | (City)                                | , Florida <u>328</u>     | (Zip Code)              |  |
|   |  | ((1))                                 |                          | (Lip 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 us 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)

Page L of 2

'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: но80002661043 MGR = Manager MGRM = Managing Member Type of Action Address <u>Name</u> Title MGR Gregory L. Holzhauer 329 Park Avenue North Second Floor Winter Park, FL 32789 Owen S. Matthews 1411 South Orange Blossom Trail MGR Orlando, FL 32805 🗖 Remove ☐ Add Remove \_ Remove ſ ☐ Add D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

> Typed or printed name of signee Page 2 of 2

Gregory L. Holzhauer, authorized representative

The Signature of a member or authorized representative of a member

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