

LO8000080765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

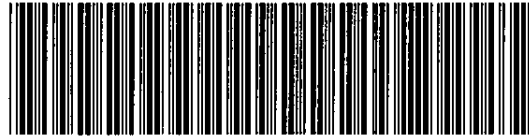
(Business Entity Name)

(Document Number)

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08/22/11--01034--008 **25.00

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11 SEP 12 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

SEP 18 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COLONIAL TERRACE AND EXTENDED STAY, 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:

BERK OCAL

Name of Person

COLONIAL TERRACE AND EXTENDED STAY, LLC

Firm/Company

P.O. BOX 691101

Address

ORLANDO, FL 32869-1101

City/State and Zip Code

BERKOCAL@YAHOO.COM

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

For further information concerning this matter, please call:

BERK OCAL

Name of Person

at (561)

704-6478

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 SEP 12 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 23, 2011

BERK OCAL
P O BOX 691101
ORLANDO, FL 32869-1101

SUBJECT: COLONIAL TERRACE AND EXTENDED STAY, LLC
Ref. Number: L08000080765

We have received your document for COLONIAL TERRACE AND EXTENDED STAY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 111A00019739

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

11 SEP 12 AM 8:39

COLONIAL TERRACE AND EXTENDED STAY, TALCAHASSEE, FLORIDA

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

(A Florida Limited Liability Company)

SECRETARY OF STATE
TALCAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/22/2008 and assigned
Florida document number L08000080765.

This amendment is submitted to amend the following:

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

OCAL, LLC

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:

8216 BREEZE COVE LANE

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32819

Enter new mailing address, if applicable:

P.O. BOX 691101

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32869-1101

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:

BERK OCAL

New Registered Office Address:

8216 BREEZE COVE LANE

Enter Florida street address

ORLANDO

, Florida

32819

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	BERK OCAL	8216 BREEZE COVE LANE ORLANDO, FL 32819	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	BERK OCAL	P.O. BOX 691101 ORLANDO, FL 32869-1101	<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

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

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11 SEP 12 AM 8:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Dated 08/31, 2010.



Signature of a member or authorized representative of a member

BERK OCAL

Typed or printed name of signee