

# L09000627083

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Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : FISHER, TOUSEY, LEAS & BALL  
Account Number : I19990000021  
Phone : (904) 356-2600  
Fax Number : (904) 355-0233

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

TOWN CENTER 2, LLC

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JUL 10 2009

From: Fisher Tousey Leas & Ball

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**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Town Center 2, 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:

John S. Ball

(Name of Person)

Fisher, Tousey, Leas & Ball, P.A.

(Firm/Company)

501 Riverside Avenue, Suite 600

(Address)

Jacksonville, Florida 32202

(City/State and Zip Code)

For further information concerning this matter, please call:

John S. Ball

(Name of Person)

at ( 904 ) 358-2600

(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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Town Center 2, 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 March 19, 2009 and assigned  
Florida document number L09000027083.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2111 E. Michigan StreetSuite 200Orlando, Florida 32806

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2111 E. Michigan StreetSuite 200Orlando, Florida 32806

**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:

Joseph E. Sleiman

New Registered Office Address:

2111 E. Michigan Street, Suite 200

(Enter Florida street address)

Orlando

(City)

Florida 32806

(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)

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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

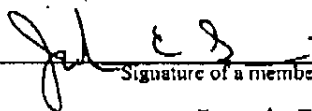
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Peter D. Sleiman	8669 Bayline Road	<input type="checkbox"/> Add
		Suite 100	<input checked="" type="checkbox"/> Remove
		Jacksonville, Florida 32256	<input type="checkbox"/>
MGR	Joseph E. Sleiman	2111 E. Michigan Street	<input checked="" type="checkbox"/> Add
		Suite 200	<input type="checkbox"/> Remove
		Orlando, Florida 32808	<input type="checkbox"/>
			<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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated June 29, 2009

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
\_\_\_\_\_  
Joseph E. Sleiman  
\_\_\_\_\_  
Typed or printed name of signer

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Filing Fee: \$25.00

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