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EXAMINER



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DEFACT SERVICE SALES
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TALLAHASSEE, FLORIDA

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CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK ÁVENUÉ TALLAHASSEE, FL 32301 222-1173

FILING COVER SHEET ACCT. #FCA-14

CONTACT: KATIE WONSCH DATE: 06/28/2011 **REF. #:** 000928.150514 CORP. NAME: EOLA OFFICE PARTNERS LLC () ARTICLES OF DISSOLUTION (XX) ARTICLES OF AMENDMENT () ARTICLES OF INCORPORATION () FICTITIOUS NAME () ANNUAL REPORT () TRADEMARK/SERVICE MARK () FOREIGN QUALIFICATION () LIMITED LIABILITY () LIMITED PARTNERSHIP () WITHDRAWAL () MERGER () REINSTATEMENT () CERTIFICATE OF CANCELLATION () OTHER: STATE FEES PREPAID WITH CHECK# 540447 FOR \$ 55.00 **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** COST LIMIT: \$_____ PLEASE RETURN:

() CERTIFICATE OF GOOD STANDING

() PLAIN STAMPED COPY

Examiner's Initials

() CERTIFICATE OF STATUS

(XX) CERTIFIED COPY

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EOLA OFFICE PARTNERS LLC

71/13	1/4	0/3/2
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(Name of the Limited	Liability Company as it now appear Florida Limited Liability Company)	s on our records.)	······································			
The Articles of Organization for this Limited L	iability Company were filed on	09/02/2009	and assigned			
Florida document number 109000084	1952					
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name o	f the limited liability company her	<u>e</u> :				
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation			
Enter new principal offices address, if applic	eable:					
(Principal office address MUST BE A STREE	ET ADDRESS)					
	-					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE	BOX)					
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered office address on office address here:	our records, enter th	ne name of the new			
Name of New Registered Agent:	NRAI Services, Inc.					
New Registered Office Address:	515 East Park Avenue					
	Enter Florida street address					
	Tallahassee	, Florida	32301			
	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 Angela Gawittiski-Asst. Secretary

Page 1 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:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name		Address	Type of Action
MGRM	Parkway Pro	pperties LP	188 E. Capitol Street, Sulte 1000 Jackson, Mississippi 39201	Add Remove
MGR	Lisa Smith		390 North Avenue, Suite 2400 Orlando, Florida 32801	Add Remove
		, A		Add Remove
				Add Remove
		·······		Add Remove
				Add Remove
D. If amend	ling any other info	rmation, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_
_				
				-
Dated	June 24	, 20	<u>011 </u>	
		Signature of a membe	or or authorized representative of a member	
		Турес	or printed name of signee	771111

Page 2 of 2

Filing Fee: \$25.00