

L10000051880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

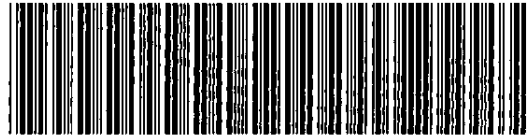
Special Instructions to Filing Officer:

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APR 11 2011

EXAMINER

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11 APR - 8 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 2200 Lucien Way Investors, 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:

Mike Wright

Name of Person

MMI Management

Firm/Company

1350 Orange Avenue, Suite 100

Address

Winter Park, FL 32789

City/State and Zip Code

mike@mmi.com

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

For further information concerning this matter, please call:

Jill Fussell

Name of Person

at (**407**)

615-0056

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

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

2200 Lucien Way Investors, 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 5/13/2010 and assigned
Florida document number L10000051880.

This amendment is submitted to amend the following:

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

Plaza North Assoc., 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:

1350 Orange Avenue, Suite 100

(Principal office address MUST BE A STREET ADDRESS)

Winter Park, FL 32789

Enter new mailing address, if applicable:

1350 Orange Avenue, Suite 100

(Mailing address MAY BE A POST OFFICE BOX)

Winter Park, FL 32789

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:

New Registered Office Address:

1350 Orange Avenue, Suite 100

Enter Florida street address

Winter Park

, Florida

City

New Registered Agent's Signature, if changing Registered Agent:

FILED
11 APR - 8 48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	

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

Dated _____

Signature of a member or authorized representative of a member

Michael E. Wright

Typed or printed name of signee