L11000093625

(Reque	stor's Name)	<u> </u>
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A. LUNT

OCT 10 2011

EXAMINER

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WRIGHT, FULFORD, MOORHEAD & BROWN ATTORNEYS

WRIGHT, FULFORD, MOORHEAD & BROWN, P.A.
505 MAITLAND AVENUE / SUITE 1000 / ALTAMONTE SPRINGS. FL 32701
407 425 0234 PHONE / 407 425 0260 FAX / www.wfinblaw.com

October 5, 2011

Via U.S. Mail

Division of Corporations Attention: Registration Section Post Office Box 6327 Tallahassee, Florida 32314

Re: Officeco II, LLC

Our File Number: 2072-1

To Whom It May Concern:

Enclosed please find a Cover Letter and Articles of Amendment to Articles of Organization of Officeco II, LLC for filing. Also, enclosed please find my firm's check number 2428 in the amount of \$25.00 which represents your filing fee. Please process this request at your earliest convenience.

Thank you for your attention to this matter. Should you have any questions, please contact my office at 800-327-0234.

Sincerely,

Frank Wright

fwright@wfmblaw.com

DFW/tnr Enclosures

COVER LETTER

TO:	Registration Sec Division of Corp					
SUBJE	ECT:		CECO II, LLC			
		Name of Limi	ted Liability Company			
The en	closed Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspoi	ndence concerning this matter	to the following:		781	
			D. FRANK WRIGHT	.v	SCA CARE	[
			Name of Person	:	ASSEC PSSECO	, e = 1
			Firm/Company		PA 3 19	
		505 M AIT	LAND AVENUE, SUITE 10	000		
			Address		•	
		ALTAM	ONTE SPRINGS, FL 3270	11		
			City/State and Zip Code		-	
	•	fv	vright@wfmblaw.com			
		E-mail address: (to be used for future annual report noti	fication)		
For fur	ther information co	oncerning this matter, please of	all:			
	D. FR.	ANK WRIGHT	at (407)	425-0234		
	Name of	Person	Area Code & Daytin	ne Telephone Numbe	er	
Enclos	ed is a check for th	e following amount:	•			
	i.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	d) Certifie	ate of Status & d Copy	
	MAILI	NG ADDRESS:	STREET/COUR	·	nal copy is enclosed)	
		ation Section	Registration Section	on		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OFFICE	CO II, LLC		
(Nam	e of the Limited Liability Comp (A Florida Limited	any as it now appe Liability Company	ars on our records.)	
The Articles of Organization for	this Limited Liability Compan	y were filed on	August 15, 2011	and assigned
Florida document number	L11000093625			
This amendment is submitted to	amend the following:			
A. If amending name, enter the	e new name of the limited lia	bility company h	ere:	
The new name must be distinguish "L.L.C."	able and end with the words "Lin	nited Liability Com	pany," the designation "Ll	.C" or the abbreviation
Enter new principal offices ad	dress, if applicable:		·	
(Principal office address MUST	BE A STREET ADDRESS)		<u></u> <u>Z</u> g	22
				8 1
Enter new mailing address, if	applicable:		IASSE	
(Mailing address MAY BE A P	OST OFFICE BOX)			gg M
				w
B. If amending the register	ed agent and/or registered o	ffice address on	our records, enter th	e name of the nev
registered agent and/or the ne	v registered office address he	<u>re</u> :		
Name of New Register	ed Agent:			
New Registered Office	Address:		<u>.</u>	
		E	nter Florida street addre	ess
		~.	, Florida	
		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 amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = N	Managing Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	Donald F. Wright	505 MAITLAND AVENUE, SUITE 10 ALTAMONTE SPRINGS, FL 32701	000 ☐ Add ☑ Remove
<u>MGRM</u>	Donald F. Wright Revocable Trust, Dated April 14, 1999	505 MAITLAND AVENUE, SUITE 10 ALTAMONTE SPRINGS, FL 32701	OOO 🗹 Add Remove
			Add Remove
			Add Remove
			A Remove
			POP Remove
D. If amen	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessar	
_			
Dated	October 5	2011	
		a DA	
	_	nberfor authorized representative of a member	
		RANK WRIGHT, Member	
	1 y	ped of printed name of signee	

Page 2 of 2

Filing Fee: \$25.00