## 112000097493

	(Requestor's Name)	
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PICK-UI	P WAIT MAIL	
	(Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instruction	s to Filing Officer:	
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FILING COVER S ACCT. #FCA-23	SHEET			
CONTACT:	KATIE WO	<u>NSCH</u>	•	
DATE:	07/17/2013			
REF. #:	7748724.883	<u>4641</u>	- Z	
CORP. NAME:	BELCHER	COMMONS OFFICE EAST, LLC	2013 JUL 17 SECRETARY TALLAHASSE	
( ) ARTICLES OF INCO ( ) ANNUAL REPORT ( ) FOREIGN QUALIFIC ( ) REINSTATEMENT ( ) CERTIFICATE OF O ( ) OTHER:	CATION	( XX ) ARTICLES OF AMENDMENT ( ) TRADEMARK/SERVICE MARK ( ) LIMITED PARTNERSHIP ( ) MERGER	( ) ARTICLES OF DISSOLUTIONS ( ) FICTITIOUS NAME ( ) LIMITED LIABILITY ( ) WITHDRAWAL	
		TH CHECK# 70004923 FOR \$	<del></del>	
AUTHORIZATI	ON FOR A	CCOUNT IF TO BE DEBITEI	<b>)</b> ;	
		COST LIM	IIT: \$	
PLEASE RETUR  ( ) CERTIFIED COPY  ( ) CERTIFICATE OF	( )C	ERTIFICATE OF GOOD STANDING	( XX ) PLAIN STAMPED C	ЮРУ

Examiner's Initials

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Belcher Commons Office Ea		
(Name of the Limited L	iability Company as it now appears on our learning the learning of the learnin	records.)
(A F	Torida Limited Liability Company)	58 <b>a</b> 7
The Articles of Organization for this Limited Liab	bility Company were filed on 7/26/12	and assigned
Florida document number L12000097493		
		mg a
This amendment is submitted to amend the follow	ving:	STATE ORIE
A. If amending name, enter the new name of t	he limited liability company here:	34 -
Belcher Commons Office, LLC		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the d	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
<u>.</u>	·	
·		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		ds, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	a street address
	_	Florida
	City	Zip Code
New Registered Agent's Signature, if changing Re-	gistered 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 =	MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
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D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if nec	essary.)	
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	Signalure of a member or authorized representative of a member		
	Kristen Kennedy Showalter		

Page 3 of 3

Filing Fee: \$25.00