

L14000000327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

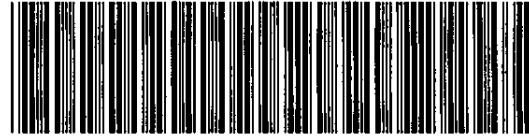
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JAN 13 2014
OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

J. Shivers JAN 15 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **OFFICE SUITE CENTER 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:

Thierry Desormeaux

Name of Person

Firm/Company

3606 Enterprise Avenue

Address

Naples, FL 34104

City/State and Zip Code

tdesormeaux@geotechsol.com

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

For further information concerning this matter, please call:

Thierry Desormeaux

Name of Person

at **239 325 8396**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**TO
ARTICLES OF ORGANIZATION
OF**

OFFICE SUITE CENTER 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 01/02/2014 and assigned
Florida document number L14000000327.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3606 Enterprise Avenue

Naples, FL 34104

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3606 Enterprise Avenue

Naples, FL 34104

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:

3606 Enterprise Avenue

Enter Florida street address

Naples

City

Florida 34104

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 605, 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

AUTHORIZED MEMBER BEING ADDED OR REMOVED FROM OUR RECORDS.

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11-11-22 BY 60322 UCBAW

New address for the two authorized members:

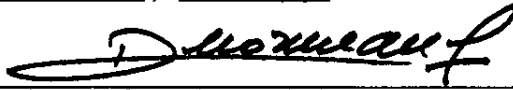
3606 Enterprise Avenue

Naples, FL 34104

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JAN 11th, 2014.



Signature of a member or authorized representative of a member

Thierry Desormeaux

Typed or printed name of signee

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Filing Fee: \$25.00

14 JAN 13 AM 11:22
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