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COVER LETTER

	Registration Se Division of Cor			
elib iec		Corporate Center, LLC		
SUBJEC	1;	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Gary Houghton		
			Name of Person	
		Melbourne Corporate Cent	er, LLC	
		217 N. Westmonte Drive,	Suite 1004	ې نچ
		-	Address	
		Altamonte Springs, FL 32	714	16 DEC 12 PH 4: 19
			City/State and Zip Code	2 P
		gary.houghton@ghgroupuk	.com to be used for future annual report not	I 1
For firetha	r information a	oncerning this matter, please c	•	inication)
		oncerning this matter, please c		
Gary Hou	<u>-</u>		407 757-6415 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
	0 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)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 ussee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co	on rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Melbourne Corporate Center, LLC				
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it new appears Liability Company)	s on our records.)	
he Articles of Organization for this Limited Liab lorida document number L14000076642	were filed on $\frac{5/1}{2}$	2/2014	and assigned	
his amendment is submitted to amend the follow	ving:			
. If amending name, enter the new name of t	he limited liab	ility company he	<u>re</u> :	
ne new name must be distinguishable and contain the wor	ds "Limited Liabil	lity Company," the de	esignation "LLC" or the abbr	reviation "L.L.C."
nter new principal offices address, if applicab	ole:	217 N. Westmon	ite Drive, Suite 1004	
Principal office address MUST BE A STREET	ADDRESS)	Altamonte Springs, FL 32714		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		217 N. Westmon	nte Drive, Suite 1004 gs, FL 32714	16 DEC 12 P
s. If amending the registered agent and/or egistered agent and/or the new registered office			our records, enter the	ne name of the
Name of New Registered Agent:	Lenti Law P.A. c/o Joseph Lenti II, Esq.			
New Registered Office Address:	217 N. Westmo	nte Drive, Suite 10	04	
	· · · · · · · · · · · · · · · · · · ·	Enter Flori	ida street address	
	Altamonte Spri	ngs	, Florida ³²⁷¹	4 .
		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 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address Type of Action** _□ Add _□ Remove ☐ Change _□ Add _□ Remove ☐ Remove ☐ Change _□ Add □ Remove ☐ Change □ Add □ Remove ☐ Change ☐ Add ☐ Remove

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The	ord specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier 90th day after the record is filed.	of:
•	November 15, 2016.	
oated _.		
oated _.	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00