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(Requestor's Name)		
(Address)		
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(Cit	y/State/Zip/Phone	#)
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(Document Number)		
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EXAMINER EXAMINER FEB 2 5 2015

## **COVER LETTER** :

то:	Registration Sec Division of Corp				
CHDI	Old Scho	ol Office Suites, LLC			
SUBJECT:Name of Limited Liability Company					
The e	nclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.		
Please	e return all correspor	ndence concerning this matter t	o the following:		
		Michael G. Park, Esc	<b>1</b> .		
			Name of Person		
		Michael G. Park, P.A			
			Firm/Company		
		750 Park of Commerce Blvd, Ste 310			
			Address		
		Boca Raton, FL 3348	37		
			City/State and Zip Code	113-113-113-113	
		mike@mgp-law.com	o be used for future annual report notifica	dian)	
For fu	uther information co	oncerning this matter, please ca	·	шопу	
		oncerning tims matter, piease ca			
Mich	nael Park		561 454-7404 at ()		
	Name of	Person	Area Code Daytime T	elephone Number	
Enclo	sed is a check for th	e following amount:			
<b>\$</b>	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)	

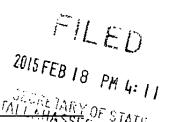
MAILING ADDRESS:

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



Old School Office Suites, 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 01-26-2015 and assigned Florida document number L15000014549 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." 102 NE 1st Avenue Enter new principal offices address, if applicable: Delray Beach, FL 33444 (Principal office address MUST BE A STREET ADDRESS) 102 NE 1st Avenue Enter new mailing address, if applicable: Delray Beach, FL 33444 (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:				
MGR = M		our records:	FILED	
	uthorized Member		7015 550	
<u>Title</u>	<u>Name</u>	Address	TALLAHASSEE FLORIDA	Type of Action
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If amending any other inform	ation, enter change(s) here: (Attach ad	lditional sheets, if necessary.)
William .	MANULE.	
Effective date, if other than the (The effective date must be specific, can the date this document is filed by the F	e date of filing:  not be prior to date of receipt or filed date and car lorida Department of State)	(optional) mot be more than 90 days after
Dated February 17	, 2015	
	Signature of a member or authorized represent	ative of a member
Michael G. Park,	Esq., Auth. Rep.	
	Typed or printed name of sign	PP.

Page 3 of 3

Filing Fee: \$25.00

