

L15000053/52

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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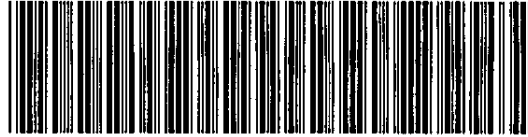
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY -6 2015
T. HAMPTON

40741 6206/541

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: 2401 W. Oak Ridge Road 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:

Michael A. Tessitore, Esq.

Name of Person

Moran Kidd Lyons & Johnson, P.A.

Firm/Company

111 N. Orange Avenue, Suite 900

Address

Orlando, FL 32801

City/State and Zip Code

mtessitore@morankidd.com

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

For further information concerning this matter, please call:

Michael A. Tessitore

Name of Person

at 407 948-3079

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 20, 2015

MICHAEL A. TESSITORE, ESQ.
MORAN KIDD LYONS & JOHNSON, P.A.
111 N. ORANGE AVE, STE 900
ORLANDO, FL 32801

SUBJECT: 2401 W. OAK RIDGE ROAD LLC
Ref. Number: L15000053152

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by a member or an authorized representative of a member.

If we have had no written response within 60 days of this letter, we will consider your document abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6051.

Registration Section.

Letter Number: 415A00007875

15 MAY -5 AM 10:00
BUREAU OF CORPORATE
INFORMATION SERVICES

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2401 W. Oak Ridge Road 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 March 25, 2015

Florida document number L15000053152

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)

Enter new mailing address, if applicable:

(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

_____, 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 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

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TALLAHASSEE, FLORIDA

*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 = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------------|-------------------------------------|--|
| MGR | Michael A. Tessitore | 111 N. Orange Avenue, Suite 900 | <input type="checkbox"/> Add |
| | | Orlando, FL 32801 | <input checked="" type="checkbox"/> Remove |
| MGR | East Orlando Investments | 390 North Orange Avenue, Suite 2200 | <input checked="" type="checkbox"/> Add |
| | | Orlando, FL 32801 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 April 28, 2015



Signature of a member or authorized representative of a member

Michael A. Tessitore

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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