

L15000109799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

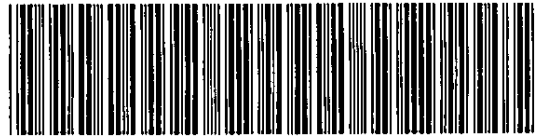
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/24/16--01001--001 **25.00

FILED
2016 MAR 23 PM 3:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

[Handwritten signature]
3/23

CT

March 23, 2016

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 9915397 SO
Customer Reference 1: CT Corporation
Customer Reference 2: Kim Sapienza

Dear Department of State, Florida :

Please obtain the following:

11500 University Blvd, LLC (FL)
Amendment
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 11500 UNIVERSITY BLVD, 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

Name of Person

Moran Kidd

Firm/Company

111 North Orange Avenue, Suite 900

Address

Orlando, Florida 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*) *841-4141*

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

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

11500 UNIVERSITY BLVD, 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 06/24/2015 and assigned
Florida document number L150001097999

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

1005 ORIENTA LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

111 NORTH ORANGE AVENUE, SUITE 900

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FLORIDA 32801

Enter new mailing address, if applicable:

111 NORTH ORANGE AVENUE, SUITE 900

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FLORIDA 32801

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:

MICHAEL A. TESSITORE

New Registered Office Address:

111 NORTH ORANGE AVENUE, SUITE 900

Enter Florida street address

ORLANDO

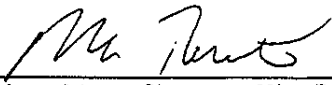
Florida 32801

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	LIVINGSTON PROPERTIES PARTNERSHIP, LLC	390 NORTH ORANGE AVENUE	<input type="checkbox"/> Add
		SUITE 2200	<input checked="" type="checkbox"/> Remove
		ORLANDO, FLORIDA 32801	<input type="checkbox"/> Change
MGR	EAST ORLANDO INVESTMENTS LLC	111 NORTH ORANGE AVENUE	<input checked="" type="checkbox"/> Add
		SUITE 900	<input type="checkbox"/> Remove
		ORLANDO, FLORIDA 32801	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2016 MAR 2 2 35 PM
SEAL OF STATE OF FLORIDA
TALLAHASSEE

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE FLORIDA