

LI5000140273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

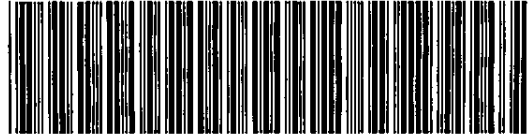
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 14 2015
15 SEP 14 AM 7:44
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FALLS CHURCH, VA

SEP 15 2015
J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

4421 SOUTH ATLANTIC AVENUE, LLC

SUBJECT: _____
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:

J. BROCK McCLANE

Name of Person

FISHER RUSHMER, P.A.

Firm/Company

390 NORTH ORANGE AVENUE, SUITE 2200

Address

ORLANDO, FLORIDA 32801

City/State and Zip Code

DKALLAS@FISHERLAWFIRM.COM

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

For further information concerning this matter, please call:

DEBORAH A. KALLAS

_____ at (407) 843-2111
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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

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

4421 SOUTH ATLANTIC AVENUE 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 August 17, 2015 and assigned Florida document number L15000140273.

This amendment is submitted to amend the following:

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

815 WOODBURY LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

111 N. ORANGE AVENUE

SUITE 900

ORLANDO, FLORIDA 32801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

111 N. ORANGE AVENUE

SUITE 900

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, ESQUIRE

New Registered Office Address:

111 N. ORANGE AVENUE, SUITE 900

Enter Florida street address

ORLANDO

, 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

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	EAST ORLANDO INVESTMENT	390 N. ORANGE AVE, STE 2200	<input checked="" type="checkbox"/> Add
		ORLANDO, FLORIDA 32801	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LIVINGSTON PROPERTIES	PARTNERSHIP LLC	<input type="checkbox"/> Add
		390 N. ORANGE AVE, STE 2200	<input checked="" 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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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

15 SEP 14 AM 7:46
FBI NEW YORK
TO DIRECTOR
FROM NEW YORK
RE NEW YORK TELETYPE TO BUREAU
SEPTEMBER TWELVE LAST.
NEW YORK POLICE DEPARTMENT
ADVISES THAT THE ABOVE NAMED
PERSON WAS OBSERVED AT THE
HOTEL PLAZA, NEW YORK CITY,
ON SEPTEMBER TWELVE LAST.

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

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated SEPTEMBER 10, 2015

Signature of a member or authorized representative of a member

J. BROCK McCLANE

Typed or printed name of signee