## L15000 182 822

(Red	questor's Name)	<del></del>
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(City	//State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL MAIL
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2015 DEC 14 PH 2: 09
SEESLEARY OF STATE
AND SHARESTEE FLORIDA

J. HARRIS

## **COVER LETTER**

			•	
oun dece		s 2, LLC		
SUBJECT	:	Name of Limi	ted Liability Company	<del></del> _
The enclose	ed Articles of A	Amendment and fec(s) are sub	nitted for filing.	
Please retu	rn all correspor	ndence concerning this matter	to the following:	
		Roman V. Hammes		
			Name of Person	
		Roman V. Hammes, P.L.		
Firm/Company				
		250 East Colonial Drive, S	uite 305	
			Address	<del></del>
		Orlando, FL 32801		
	Division of Corporations  Headquarters 2, LLC  CCT:  Headquarters 2, LLC  Closed Articles of Amendment a return all correspondence conce  Roman V  Roman V  250 East of Corporations  Orlando,  roman@ro  ther information concerning this n V. Hammes  Name of Person  ed is a check for the following a  5.00 Filing Fee  \$30.00		City/State and Zip Code	
		roman@romanvhammes.coi		
		E-mail address: (i	o be used for future annual report notific	cation)
For further	information co	oncerning this matter, please ca	ill:	
Roman V.	Hammes		407 650-0003	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	s a check for th	e 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

rieadquarters 2, LLC	Company of it now appears on our records	<del></del>
(A Florida Li	Company as it now appears on our records. mited Liability Company)	,
The Articles of Organization for this Limited Liability Con	npany were filed on October 27, 2015	and assigned
Florida document number L15000182822		
	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2106 N. Orange Ave. Sili	ie 200
(Principal office address MUST BE A STREET ADDRE	Orlando, FL 32804	
	2106 N. Orange Ave. Sui	4. 200
Enter new mailing address, if applicable:		TP 200
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32804	
B. If amending the registered agent and/or registered agent and/or the new registered office addre		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_	, Flo	rida
	Cny	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my duties, and ont as provided for in Chapter 605, F	d I am familiar with and F.S. Or, if this document is
		28 E
	If Changing Registered Agent, Signature o	f New Registered Agent
		14 T
•	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>	<u>Address</u>	Type of Action
MGR	Ryan Tampa	7420 Sparkling Lake Road	🗆 Add
		Orlando, FL 32819	■ Remove
			□ Change
MGR	Timothy F. Majors	2106 N. Orange Ave. Site 200	<b>=</b> Add
		Orlando, FL 32804	□ Remove
			Change
<del></del>			Add
			Remove
			Change
			□ Add
		-	☐ Remove
			Chânge Marie
		-	7.7
		Remove	
			Add
			□ Remove
			☐ Change

, Mang	name any other imprimation, enter change(s) here: (Attach additional sheets, if n	ecessary.)	
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E. Effecti	ve date, if other than the date of filing: (op	otional)	
(If an effe	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days at If the date inserted in this block does not meet the applicable statutory filing requirements, t	fler filing.) Pursuant	to 605.0207 (3)(
docum	ent's effective date on the Department of State's records.	ms add will not b	e nsted as the
f the rec b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 90th day after the record is filed.	La.m. on the e	earlier of:
Dated	December 10, 2015.		
•	<del></del>	2015 ALL	(stag~»
	Signature	李洁 居	
	Signature of a member or authorized representative of a member	ASS A	Exerc.
	Timothy F. Majors		Em **
	Typed or printed name of signee		
	<b>/</b> \	2: 09 STATE ORID	

Page 3 of 3

Filing Fee: \$25.00