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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: CIAR	A CREEK OFFICE P. Name of Lin	ARK LLC nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	TYLER BE	NZEL		
		Name of Person		
	CIARA CREE	K OFFICE PARK LLC		
		Firm/Company		
	103 COMMERCI	E ST. STE 440		
		Address		
LAKE MARY, FL 32746				
		City/State and Zip Code		
	TYLER@AGIFU E-mail address: (UND.COM to be used for future annual report no	otification)	
For further information c	oncerning this matter, please c	all:		
TYLER BENZI	EL	352 , 267-8	496	
Name o	f Person	at (<u>352</u>) <u>267-8</u> Atea Code Dayti	me Telephone Number	
Enclosed is a check for the	ne following amount:			
X \$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 Addres Registration S Division of C P.O. Box 632 Tallahassee, 1	Section forporations 7	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee oe Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CIARA CREEK OFFICE PARK LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(71111111	a connect contently company	•		
The Articles of Organization for this Limited Liability C	lompany were filed on _	08/14/2017	and assigned	
Florida document number <u>L17000173752</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company l	nere:		
			20	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the	designation "LLC" or the	abbreviation=L.L.C.	
Enter new principal offices address, if applicable:			NO T	
(Principal office address MUST BE A STREET ADDR	(ESS)		<u> </u>	
Enter new mailing address, if applicable:			. OI	
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
maning manress bear by a rost of rice boxy				
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	l office address on our	records, <u>enter the nar</u>	ne of the new registero	
New Registered Office Address:				
	Enter Fle	orida street address		
		, Florida	. Florida	
	Ciţv		Zip Code	
New Registered Agent's Signature, if changing Registered	d Agent:			
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence to the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance o gent as provided for in	f my duties, and I am Chapter 605, F.S. Ot	familiar with and , if this document is	
		nent Signature of New R	<u> </u>	

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ador removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
<u>AMBR</u>	JAMES DICKS	103 COMMERCE ST. STE 140 LAKE MARY, FL 32746	XAdd
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(If an effective Note: I	e date, if other than the date of filing:	
f the record ecord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th d d.	ay after the
Dated _	NOVEMBER 11	

Filing Fee: \$25.00

Typed or printed name of signee