19800001994

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	≥ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
000)	odinent Namberj	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		·

Office Use Only

G. MCLEOD

EXAMINER



800192254838

02/03/11--01019--019 **125.00

FILED

11 FEB -3 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G. MCLEOD

FEB - 4 2011

EXAMINER

COVER LETTER

Division of Co	rporations		
SUBJECT:	Orlando OF. Name of Lim	Cice Properties, ited Liability Company	<u>L.C.</u>
The enclosed Articles of	Amendment and fee(s) are sui	bmitted for filing.	
Please return all correspo	ondence concerning this matter	r to the following:	
		avid M. Grier, Trustee	
		Name of Person	
	Wm. A. Steele G	rantor, Charitable Lead Anr	nuity Trust
		Firm/Company	
		P.O. Box 377	
		Address	
• ,	14	Vindomoro El 24796	
	<u></u>	Vindermere, Fl. 34786 City/State and Zip Code	
	dme	•	
	E-mail address: (<pre>grier.trustee@gmail.com to be used for future annual report notifi</pre>	cation)
For further information of	concerning this matter, please of	eall:	
Da	vid M. Grier	at (_407_)	832-2606
Name o	f Person	at (407) Area Code & Daytime	e Telephone Number
Enclosed is a check for the	ne 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:

TO:

Registration Section

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

Orlando	Office	Propert	ies, L.	<i>C</i> .		
(Name of the Limited Liabi (A Florid	i <mark>lity Company</mark> da Limited Liab	as it now appea pility Company)	rs on our reco	rds.)		
The Articles of Organization for this Limited Liability	y Company we	ere filed on	9/25/	1998 ;	and ass	igned
Florida document number <u>L98 00000 1994</u>	*					
This amendment is submitted to amend the following	; :					
A. If amending name, enter the new name of the l	imited liabilit	y company he	re:			
The new name must be distinguishable and end with the "L.L.C."	words "Limited	Liability Comp	any," the design	nation "LLC"	or the a	bbreviation
Enter new principal offices address, if applicable:	-					
(Principal office address MUST BE A STREET AD	<u>DRESS)</u>			<u>₹</u>		_
	_			CRETAR AHASS	FEB -3	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	_			— wo		m
Mauing address MAT BE A POST OFFICE BOA)	_		- 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 	LOS IX	<u>123</u>	Ö
	-			30.	72	
B. If amending the registered agent and/or req registered agent and/or the new registered office a		e address on	our records,	enter the n	ame o	f the new
series agence and of the new registered office a	duress nere.					
Name of New Registered Agent:						
New Registered Office Address:			<u></u>			
Enter Florida street address						
<u> </u>			, Flo			
	C	City		Zij	p Code	1

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 608, 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

Page 1 of 2

1

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Grier, David M., Trustee	William A. Steele, Charitable Lead Ang P.O. Box 377 Windermere, FL. 34786	▲ ✓ Add Remove
MGRM	Steele, William A Dr.	7932 West Sand Lake Road Suite 203 Orlando, Fl. 32819	Add 7 Remove
<u>MGRM</u>	Goff, Maynard Dr.	7932 West Sand Lake Road Suite 203 Orlando, Fl. 32819	Add Remove
<u> </u>			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	<u> </u>
			_
			
Dated	Du	Les.	
	Da	per or authorized representative of a member avid M Grier, Trustee	<u></u>
	Тур	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00