

M 22000012770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

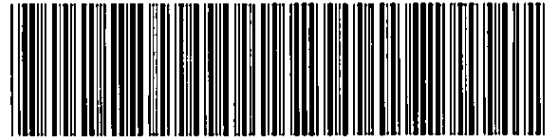
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED

2022 AUG 17 PM 2:48

2022 AUG 17 AM 10:35

8/18/2022

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com



**ORDER FORM**

|  |  |
|--|--|
| <b>TO</b> Florida Department of State<br>The Centre of Tallahassee<br>2415 North Monroe Street, Suite 810<br>Tallahassee, FL 32303<br>corphelp@dos.myflorida.com<br>850-245-6051 | <b>FROM</b> Melissa Moreau<br><br>850.656.7953 |
|--|--|

**REQUEST DATE** 8/17/2022      **PRIORITY** Regular Approval      **OUR REF # (Order ID#)** 1062459

**ORDER ENTITY**  
ORLANDO LOGISTICS PARK LEEVISTA BUILDING XI, LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**  
ORLANDO LOGISTICS PARK LEEVISTA BUILDING XI, LLC ( FL )  
File the attached amendment

**NOTES:**  
\$25.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**  
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "VJ" or similar, written in a cursive style.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

2022 AUG 17 AM 10:35

1. Name of limited liability Company as it appears on the records of the Florida Department of \_\_\_\_\_

State: Orlando Logistics Park LeeVista Building XI, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M22000012772

3. Jurisdiction of its organization: Indiana

4. Date authorized to do business in Florida: 08/15/2022

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "LLC.")

6. If amending the registered agent and/or registered officer 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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, **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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

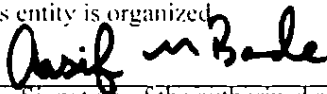
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Adding two Managers (MGR)

\_\_\_\_\_

| <u>Title/ Capacity</u> | <u>Name</u>   | <u>Address</u>                     | <u>Type of Action</u>                   |
|------------------------|---------------|------------------------------------|---|
| MGR                    | Jason Sturman | 8888 Keystone Crossing, Suite 1150 | <input checked="" type="checkbox"/> Add |
|                        |               | Indianapolis, IN 467240            | <input type="checkbox"/> Remove         |
| MGR                    | Grant Goldman | 8888 Keystone Crossing, Suite 1150 | <input checked="" type="checkbox"/> Add |
|                        |               | Indianapolis, IN 467240            | <input type="checkbox"/> Remove         |
|                        |               |                                    | <input type="checkbox"/> Add            |
|                        |               |                                    | <input type="checkbox"/> Remove         |
|                        |               |                                    | <input type="checkbox"/> Add            |
|                        |               |                                    | <input type="checkbox"/> Remove         |
|                        |               |                                    | <input type="checkbox"/> Add            |
|                        |               |                                    | <input type="checkbox"/> Remove         |

9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



\_\_\_\_\_  
Signature of the authorized representative

Aasif M. Bade

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**