

M12000012772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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Incorporating Services, Ltd.

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

incserv

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
  
850.656.7953

**REQUEST DATE** 9/29/2023

**PRIORITY** Regular Approval

**OUR REF. # (Order ID#)** 1182592

**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,



2023 SEP 29 PM 12:40

ORLANDO LOGISTICS PARK LEEVISTA BUILDING XI, LLC

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)**

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: Orlando Logistics Park LeeVista Building III, LLC  
(must contain "Limited Liability Company," "L.L.C." 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," "L.L.C." 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

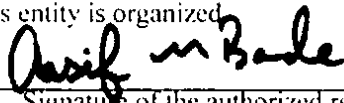
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CLERK OF COURT  
CLERK OF COURT  
CLERK OF COURT

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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<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

**State of Indiana  
Office of the Secretary of State**

**Certified Copies**

To Whom These Presents Come, Greeting:

I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that this is a true and complete copy of this 3 page document consisting of the following records filed in this office:

Certification Date: September 29, 2023  
Business Name: ORLANDO LOGISTICS PARK LEEVISTA BUILDING III, LLC  
Business ID: 202208121614611

2023 SEP 29 PM 12:40  
DIVISION OF CORPORATE RECORDS

Transaction	Date Filed	No. of pages
Articles of Amendment	09/29/2023	3
Total No. of pages		3



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, September 29, 2023

*Diego Morales*

DIEGO MORALES  
SECRETARY OF STATE

202208121614611 / 16054968  
All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>  
Expires on October 29, 2023.

State of Indiana  
Office of the Secretary of State

Certificate of Amendment  
of

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

I, DIEGO MORALES, Secretary of State, hereby certify that Articles of Amendment of the above Domestic Limited Liability Company have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Code.

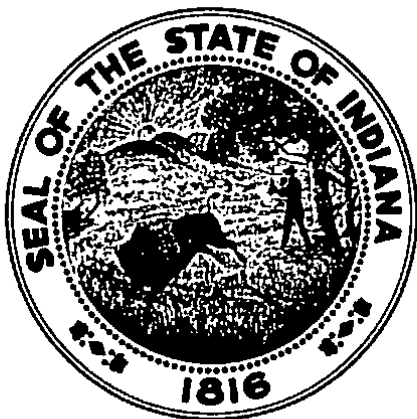
The name following said transaction will be:

**ORLANDO LOGISTICS PARK LEEVISTA BUILDING III, LLC**

NOW, THEREFORE, with this document I certify that said transaction will become effective Friday, September 29, 2023.

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10/13/23 10:00 AM



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, September 29, 2023

*Diego Morales*

DIEGO MORALES  
SECRETARY OF STATE

202208121614611 / 10040055

To ensure the certificate's validity, go to <https://bsd.sos.in.gov/PublicBusinessSearch>

APPROVED AND FILED  
DIEGO MORALES  
INDIANA SECRETARY OF STATE  
09/29/2023 11:40 AM

**ARTICLES OF AMENDMENT**

**ARTICLE I-NAME AND PRINCIPAL OFFICE ADDRESS**

BUSINESS ID 202208121614611  
BUSINESS TYPE Domestic Limited Liability Company  
BUSINESS NAME ORLANDO LOGISTICS PARK LEEVISTA BUILDING XI, LLC  
PRINCIPAL OFFICE ADDRESS 8888 Keystone Crossing Suite 1150, Indianapolis, IN, 46240, USA  
DATE AMENDMENT WAS ADOPTED 09/29/2023

**EFFECTIVE DATE**

EFFECTIVE DATE 09/29/2023  
EFFECTIVE TIME 11:37AM

**ARTICLE II-BUSINESS NAME CHANGE**

DATE OF ADOPTION 09/28/2023  
NEW BUSINESS NAME Orlando Logistics Park LeeVista Building III, LLC

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CLERK OF COURT  
CLERK OF COURT

APPROVED AND FILED  
DIEGO MORALES  
INDIANA SECRETARY OF STATE  
09/29/2023 11:40 AM

**SIGNATURE**

THE MANNER OF THE ADOPTION OF THE ARTICLES OF BUSINESS AMENDMENT CONSTITUTE FULL LEGAL COMPLIANCE WITH THE PROVISIONS OF THE ACT, AND THE ARTICLES OF ORGANIZATION.

THE UNDERSIGNED MANAGER OR MEMBER OF THIS LIMITED LIABILITY COMPANY EXISTING PURSUANT TO THE PROVISIONS OF THE INDIANA BUSINESS FLEXIBILITY ACT DESIRES TO GIVE NOTICE OF ACTION EFFECTUATING BUSINESS AMENDMENT OF CERTAIN PROVISIONS OF ITS ARTICLES OF ORGANIZATION.

IN WITNESS WHEREOF, THE UNDERSIGNED HEREBY VERIFIES, SUBJECT TO THE PENALTIES OF PERJURY, THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE, THIS DAY **September 29, 2023**.

THE UNDERSIGNED ACKNOWLEDGES THAT A PERSON COMMITS A CLASS A MISDEMEANOR BY SIGNING A DOCUMENT THAT THE PERSON KNOWS IS FALSE IN A MATERIAL RESPECT WITH THE INTENT THAT THE DOCUMENT BE DELIVERED TO THE SECRETARY OF STATE FOR FILING.

SIGNATURE

Aasif M. Bade

TITLE

Authorized Agent

Business ID : 202208121614611

Filing No. : 10040055

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DIVISION OF CORPORATIONS