M2200012775		
(Requestor's Name) (Address) (Address)	400416140964	
(City/State/Zip/Phone #)	101 55 52 59 PH 12: 1 0	
Special Instructions to Filing Officer:	RECEIVED Marsher CEIVED Marsher Horiza	
	OSIZSIZ J	

• '. incorporating Services, Ltd.

incserv

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

ORDER FORM

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

REQUEST DATE 9/29/2023	PRIORITY	Regular Approval	OUR REF # (Order II)#) 11	82592
ORDER ENTITY ORLANDO LOGISTICS PARK LEEVIS	TA BUILDING V,	, LLC		2023 SEP 2	
PLEASE PERFORM THE FOLLOW ORLANDO LOGISTICS PARK LI File the attached amendment			. .	9 19 12: 40	9 <u>97</u> 200 200 200 200

NOTES: \$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I2005000052

Please bill the above referenced account for this order.

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

Sincerely,

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 V, 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: <u>M22000012775</u>

3. Jurisdiction of its organization: <u>Indiana</u>
4. Date authorized to do business in Florida: <u>08/15/2022</u>

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

5.	3. New name of the limited fiability company:	lando Logistics Park LeeVista Building I. LLC
	(must	contain "Limited Liability Company," "L.L.C" or "I

(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 ______ Zip Code

62 43S [307

1 :ZI H.J

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.

City

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:

Title/ Capacity	<u>Name</u>	Address	Type of Action
			🗆 Add
			🗆 Remove
			🗆 Add
			CRemove
	. <u></u>		2023 Star 29
			5 - [™] □Add
			Remove
			🗆 🗆 Add
aforementioned an		han 90 days old, evidencing the ated by the official having custody of records is organized.	
Junior Contractor	()asi	ine of the authorized representative	
	Aasif M. Bade		

-

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 1, LLC Business ID: 202208121614609

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

iego Morales

DIEGO MORALES SECRETARY OF STATE

202208121614609 / 16054962 All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate Expires on October 29, 2023.



iego Morales

DIEGO MORALES SECRETARY OF STATE

202208121614609 / 10040052

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

ATTELESOPAMIENDMENT

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ARTICLE 1-NAME AND FRINGIPAL OFFICE ADDRESS

BUSINESS ID	202208421614609
BUSINESS TYPE	Domestic Limited Liability Company
BUSINESS NAME	ORLANDO LOGISTICS PARK LEEVISTA BUILDING V. LLC
PRINCIPAL OFFICE ADDRESS	8888 Keystone Crossing Suite 1150, Indianapolis, IN, 46240, USA
DATE AMENDMENT WAS ADOPTED	09/29/2023

DECEMBER

EFFECTIVE DATE EFFECTIVE TIME 09/29/2023 11:32AM

ARTICLED-EUSINESSNAMECHANCE

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



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 : 202208121614609 Filing No. : 10040052