L08000017776

. (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



100191708351

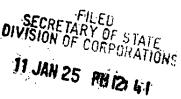
01/25/11--01022--004 **25.00

COVER LETTER

TO: Registration Division of C		•				
SUBJECT:	Flor	ida Art LLC				
	Name of Lim	ited Liability Company				
	of Amendment and fee(s) are su	_				
		Douglas R. McGinnis				
		Name of Person				
		Florida Art LLC				
		Firm/Company				
		111 Lowell Lane				
		Address				
	E	Blairsville, GA 30512				
		City/State and Zip Code				
	E-mail address: (mcg4132@gmail.com E-mail address: (to be used for future annual report notification)				
For further information	n concerning this matter, please	, ,	,			
Dou	glas R. McGinnis	at (_706)	745-1883			
	e of Person	Area Code & Da	sytime Telephone Number			
Enclosed is a check for	r the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is encl	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
MA	LING ADDRESS:	STREET/CO	URIER ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Florida	Art LLC	;	~ •
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appe Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Compan	y were filed on _	February 19, 2008	and assigned
Florida document number L 08000017776			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company h	<u>ere</u> :	
NWF AF	RT LLC		
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Com	pany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	111 Lowell	Lane Blairsville, G	GA 30512
(Mailing address MAY BE A POST OFFICE BOX)			
			<u> </u>
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address he		our records, enter the	e name of the new
Name of New Registered Agent:			
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·		
	E	Enter Florida street addre	33
	City	, Florida	Zin Co Jo
	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 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma 'MGRM = N	inager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
·			
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.	SECRETAFIVESION OF
			ILED RY OF STATE CORPORATION
Dated	January 21	2011 Mr W Mannis	
	Signature of a mer	mber or authorized representative of a member	
	Tv	Teri W. McGinnis /ped or printed name of signee	·

Page 2 of 2

Filing Fee: \$25.00