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| (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: | | |
| A. LUNT | | |
| JUN 1 9 2009 | | |
| EXAMINER | | |
| | | |

Office Use Only



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2009 JUN 17 PH 1:43
SECRETARY OF STATE

FILED

COVER LETTER

| TO: Registration Section Division of Corpor | |
|---|---|
| SUBJECT: | 6/ N. Carseway NSB, LLC Name of Limited Liability Company |
| The enclosed Articles of Am | endment and fee(s) are submitted for filing. |
| Please return all corresponde | ence concerning this matter to the following: |
| - | Jerme D. M.+chell Name of Person |
| - | Firm/Company |
| - | 1326 S. Ridgewood Ave., #8 |
| | Daytona Beach FL 32114 |
| - | Daytona Beach FL 32114 City/State and Zip Code. Big Jer 68 @ Hotmail. Com E-mail address: (to be used for future annual report notification) |
| For further information conc | erning this matter, please call: |
| Jesone Name of Pe | M: +che 11 at (386) 258 1676 Area Code & Daytime Telephone Number |
| Enclosed is a check for the fo | ollowing amount: |
| 25.00 Filing Fee | \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

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

| 161 N. Causeu | way NSB, LLC | |
|---|--|--|
| (Name of the Limited Liability Compa (A Florida Limited | nny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company | • | and assigned |
| Florida document number <u>L090005672</u> | 7 | |
| This amendment is submitted to amend the following: | | 2009 SEC TALL |
| A. If amending name, enter the new name of the limited lial | bility company here: | TIL 2009 JUN 17 SECRETAR' TALLAHASS |
| The new name must be distinguishable and end with the words "Lim"L.L.C." | ited Liability Company," the designation "L | LCHos the abbreviation |
| Enter new principal offices address, if applicable: | | ORII |
| (Principal office address MUST BE A STREET ADDRESS) | | → |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her | | he name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street add | roce |
| | Florida | · vara |
| | 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 Changing Registered Agent, Signature of New Registered Agent

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 = Manager

MGRM = Managing Member Title <u>Name</u> Address Type of Action **∑**Add Remove MORM LO, Elly 6051 Sabal Hammock ☐ Add Remove Add 🔲 Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Terese D. Mitchell #58/ Register Aget / Actuarized
Typed or printed name of signee Representative Page 2 of 2

Filing Fee: \$25.00