

L14000174386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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15 JAN 20 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JAN 30 2015

James P. McTernan
5149 SE Miles Grant Terrace
Stuart, Florida 34997

Florida Department of State
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

January 9, 2015

Re: NFC of Florida, LLC (L14000174386) – name change

To whom it may concern,

The enclosed Articles of Organization & fee (\$30.) are submitted for filing, to change the name of the Florida Limited Liability Company listed above to (new name): NFC Commercial Mortgages, LLC.

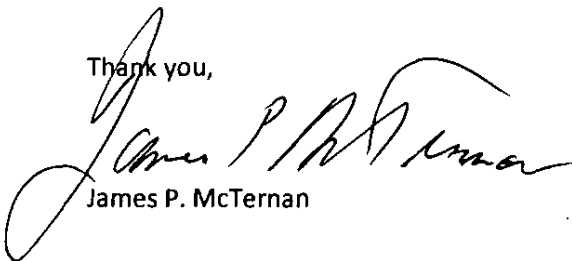
Please return all correspondence concerning this matter to:

James P. McTernan
5149 SE Miles Grant Terrace
Stuart, Florida 34997

Email: nfcmortgages@aol.com
daytime phone number: 908-642-4930

If I am not available, questions or concerns may be addressed to my assistant, Ellen Glasscock at 908-698-3678.

Thank you,



James P. McTernan

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NFC of Florida, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James P. McTernan
Name of Person
(old:) NFC of Florida, LLC ~~corp~~ ^{new} (NFC Commercial Mortgages, LLC)
Firm/Company
5149 SE Miles Grant Terrace
Address
Stuart, Florida 34997
City/State and Zip Code
nfcmortgages@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elen Glasscock at (908) 698-3678
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & 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

TO
ARTICLES OF ORGANIZATION
OF

NFC of Florida, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Sept 23, 2014 and assigned Florida document number L14000174386

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NFC Commercial Mortgages, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

n/a

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 346
Port Salerno, FL 34992

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office 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

Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</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

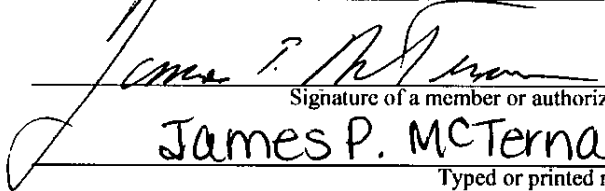
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

E. Effective date, if other than the date of filing: February 1, 2015 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JANUARY 15, 2015


Signature of a member or authorized representative of a member
James P. McTernan
Typed or printed name of signee

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15 JAN 20 PM 4: 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA