

LD2000023339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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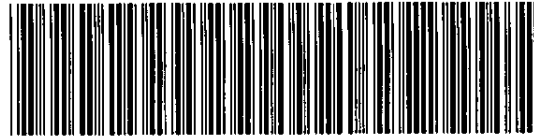
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L. SELLERS

JUN - 2 2010

EXAMINER

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10 JUN - 2 AM 11:25
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: North Florida Property Partners 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:

Sandra Morham
Name of Person
North Florida Property Partners LLC
Firm/Company
6675 Weeping Willow Way
Address
Tallahassee, Florida 32311
City/State and Zip Code
Smorham@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Morham at (850) 671-1998
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

North Florida Property Partners 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 09/09/02 and assigned Florida document number LO2000023339.

This amendment is submitted to amend the following:

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

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)

6675 Weeping Willow Way
Tallahassee, Florida 32311

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Sandra Matham
6675 Weeping Willow Way
Tallahassee, FL 32311

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:

Sandra Matham

New Registered Office Address:

6675 Weeping Willow Way
Tallahassee, Florida 32311
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.

Sandra Matham
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Allen Matham Jr	6518 Weeping Willow Way Tallahassee, FL 32311	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Sandra Matham	6675 Weeping Willow Way Tallahassee, FL 32311	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Allen Matham	6675 Weeping Willow Way Tallahassee, FL 32311	<input type="checkbox"/> Add <input checked="" 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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated June 02, 2010

Signature of a member or authorized representative of a member

Typed or printed name of signee