

LO3 000003560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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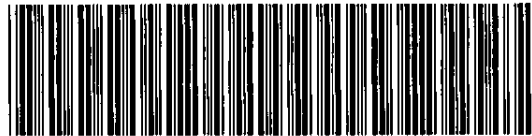
(Business Entity Name)

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DIVISION OF CORPORATIONS
2013 JAN - 7 PM 3:39
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T. CLINE
JAN - 8 2013
EXAMINER

2013 JAN - 7 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NICHOLS CREEK DEVELOPMENT, 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:

ANN BLACK

Name of Person

SMITH, THOMPSON, SHAW, ET AL

Firm/Company

3520 THOMASVILLE ROAD, 4TH FL

Address

TALLAHASSEE, FLORIDA 32309

City/State and Zip Code

annb@stslaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANN BLACK

Name of Person

at **850 893-4105**

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

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2013 JAN -7 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

NICHOLS CREEK DEVELOPMENT, 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 JANUARY 29, 2003 and assigned Florida document number L03000003560.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

R. L. MITCHELL

New Registered Office Address:

1901 Hill Street

Enter Florida street address

Jacksonville

Florida 32202

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.

R. L. Mitchell
If Changing Registered Agent, Signature of New Registered Agent

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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

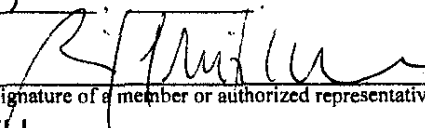
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	R. L. Mitchell	P.O. BOX 1344	<input type="checkbox"/> Add
		Vidalia, Georgia 30475	<input checked="" type="checkbox"/> Remove
MGRM	N.D. Redmond, Jr.	4640 Paradise Isle	<input checked="" type="checkbox"/> Add
		Destin, Florida 32541	<input type="checkbox"/> Remove
MGRM	R. L. Mitchell	P.O. Box 1344	<input checked="" type="checkbox"/> Add
		Vidalia, Georgia 30475	<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

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FLORIDA

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

Dated December 13 2012


Signature of a member or authorized representative of a member

R. L. MITCHELL

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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