

L0300000966

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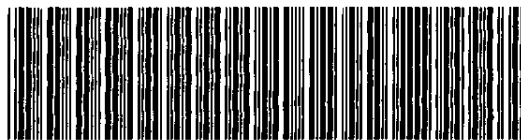
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**A. LUNT**

OCT 13 2011

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NPI-Columbus Court, L.L.C.  
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:

Stephanie L. Adams

Name of Person

DLA Piper LLP (US)

Firm/Company

100 N. Tampa Street, Suite 2200

Address

Tampa, FL 33602

City/State and Zip Code

stephanie.adams@dlapiper.com

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

For further information concerning this matter, please call:

Stephanie Adams

Name of Person

at ( 813 )

222-5900

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

NPI-Columbus Court, L.L.C.

(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 3/14/03

Florida document number L03000009661

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:

12327 Fort King Hwy.

**(Principal office address MUST BE A STREET ADDRESS)**

Thonotosassa, FL 33592

Enter new mailing address, if applicable:

12327 Fort King Hwy.

**(Mailing address MAY BE A POST OFFICE BOX)**

Thonotosassa, FL 33592

**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:

Kathleen Bachtel

New Registered Office Address:

12327 Fort King Hwy.

*Enter Florida street address*

Thonotosassa

Florida

33592

*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.*

*Kathleen Bachtel*  
**If Changing Registered Agent, Signature of New Registered Agent**

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TALLAHASSEE, FLORIDA

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	Donald Wallace	12327 Fort King Hwy. Thonotosassa, FL 33592	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Nashville Properties Inc.	791 Town & Country Blvd., Suite 250 Houston, TX 77024	<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
			<input type="checkbox"/> Add <input type="checkbox"/> 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

Donald Wallace

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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