

L04000082850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

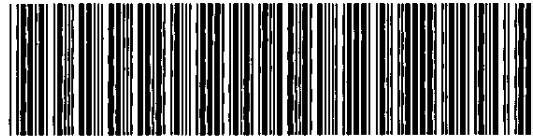
(Business Entity Name)

(Document Number)

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T. HAMPTON
SEP 30 2009
EXAMINER

FF \$25
00 30

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: N140KM, 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 J. Martin, III

Name of Person

N140KM, LLC

Firm/Company

5025 West Lemon Street, Suite 200

Address

Tampa, FL 33609

City/State and Zip Code

jim.martin@twinmgtgroup.com

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

For further information concerning this matter, please call:

James J. Martin, III

Name of Person

at (813)

637.2230

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**

N140KM, 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 November 15, 2004 and assigned
Florida document number L04000082850.

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)

5025 West Lemon Street, Suite 200
Tampa, FL 33609

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5025 West Lemon Street
Suite 200
Tampa, FL 33609

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:

James J. Martin, III

New Registered Office Address:

5025 West Lemon Street

Enter Florida street address

Tampa

, Florida

33609

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

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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:

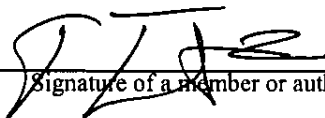
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Linda Swain	4140 Center Line Lane Sanford, FL 32773	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Donald Swain	4140 Center Line Lane Sanford, FL 32773	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Bubba Clem	5025 West Lemon Street Suite 200 Tampa, FL 33609	<input checked="" 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 August 31, 2009.



Signature of a member or authorized representative of a member

James J. Martin, III, Registered Agent

Typed or printed name of signee

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