

(Re	equestor's Name)	····································
(Ac	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	me)
(Do	ocument Number)	
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K. BALY EXAMINER FEB 1 4 2011

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Nelson Roo Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	<u>JAMES</u>	HARIFIEL J Name of Person	
		Firm/Company	
	26900 W	ed se wood Dr. Address	
	Bon, ta S	City/State and Zip Code	34
	E-mail address: (i	E HARI FULL CO. Con to be used for future annual report notifica	tion)
For further information co	oncerning this matter, please c	eall:	
Name of	AR + Girld Person	at (239) 99212 Area Code & Daytime T	₹5 'elephone Number
Enclosed is a check for th	e 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

FILED	
11 FEB II PMID	2
SECRETARY OF STATE TALLAHASSEE, FLORIDE	3
Solat: FLORINA	į

Nelson P	Road, LLC	ALLAHASSEE, FLORID
(<u>Name of the Limited Li</u> (A F)	iability Company as it now appears on lorida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab	oility Company were filed on\	and assigned
Florida document number	•	•
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
Nelson Road 20 The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
		·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BC	<u> </u>	
		
B. If amending the registered agent and/or registered agent and/or the new registered offic		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter F	lorida 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 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

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 = Ms $MGRM = 1$	anager Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	·		Add Remove
			Add Remove
D. If amen	ding any other information, enter chai	nge(s) here: (Attach additional sheets, if necessary.)	_
_			_ _ ·
			_ _
Dated	A Signature of a member	well	
	JAMES	HARTEILU ed or printed name of signee	

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Filing Fee: \$25.00