

LO5000043969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

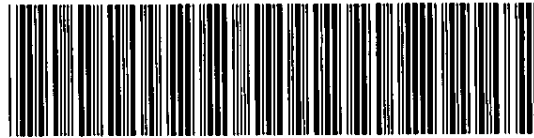
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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S. YOUNG



Wolters Kluwer
Corporate Legal Services

CT Corporation

515 East Park Avenue
Tallahassee, FL 32301

850 558 1930 tel
855 637 1628 fax
www.ctcorporation.com

April 30, 2015

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 9533920 SO
Customer Reference 1: None Given
Customer Reference 2: None Given

Dear Department of State, Florida :

Please obtain the following:

NORTHWAY MANAGEMENT, LLC (FL)
Amendment
Florida

NORTHWAY MANAGEMENT, LLC (FL)
Obtain Document - Misc - Certified Copy of Amendment
Filing
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

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

Northway Management, 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 May 2, 2005 and assigned Florida document number L05000043969.

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 contain 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:

New Registered Office Address:

Enter Florida 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Scott Plapinger	2495 US Highway One	<input type="checkbox"/> Add
		Lawrenceville, NJ 08648	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Lawrence Platt	265 Freeman Pkwy	<input type="checkbox"/> Add
		Providence, RI 0296	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Bruce Plapinger	560 Peoples Plaxa, PMB 142	<input type="checkbox"/> Add
		Newark, DE 19702	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Scott Plapinger	2495 US Highway One	<input checked="" type="checkbox"/> Add
		Lawrenceville, NJ 08648	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lawrence Platt	265 Freeman Pkwy	<input checked="" type="checkbox"/> Add
		Providence, RI 02906	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Keith Plapinger	25 Joy Street	<input checked="" type="checkbox"/> Add
		Boston, MA 02114	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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


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E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated April 29 2015.



Signature of a member or authorized representative of a member

Myra C. Gibson, Authorized Representative

Typed or printed name of signee