

• Division of Corporations

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Florida Department of State  
Division of Corporations  
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## Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : JOHNSON, RUVIL, BROCK & WILSON, P.A.  
Account Number : I20010000040  
Phone : (352) 567-2500  
Fax Number : (352) 567-6813

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DIVISION OF CORPORATIONS

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

NORTH WIND PROPERTY MANAGEMENT, L.L.C.

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G. MCLEOD

JUN 12 2009

EXAMINER

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NORTH WIND PROPERTY MANAGEMENT, 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:

Darin T. Richter

Name of Person

Johnson, Auvil, Brock & Wilson, P.A.

Firm/Company

P.O. Box 2337

Address

Dade City, FL 33526-2337

City/State and Zip Code

darinr@dadecitylaw.com

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

For further information concerning this matter, please call:

Darin T. Richter

Name of Person

at ( 352 )

567-2500

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 &  
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☐ \$60.00 Filing Fee,  
Certificate of Status &  
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(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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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**NORTH WIND PROPERTY MANAGEMENT, 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 09/19/2005 and assigned  
Florida document number L05000091741.

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)**

4922 Tunlaw Street

Alexandria, VA 22312

Enter new mailing address, if applicable:

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

4922 Tunlaw Street

Alexandria, VA 22312

**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:**

Darin T. Richter

**New Registered Office Address:**

37837 Meridian Avenue, Suite 100

*Enter Florida street address*

Dade City

Florida

33525

*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.*

*(Signature)*  
**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	Lendall S. Knight	4922 Tunlaw Street Alexandria VA 22312	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Tim Newlon	P.O. Box 907 San Antonio, TX 78208	<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 June 10, 2009

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Lendall S. Knight

\_\_\_\_\_  
Typed or printed name of signer

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Filing Fee: \$25.00