

L06000021925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

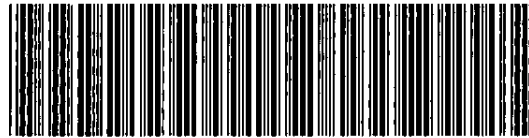
(Business Entity Name)

(Document Number)

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11 NOV 16 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER

NOV 17 2011



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 8, 2011

NORTH WEST FLORIDA SERVICES, LLC
THOMAS J MURTAGH
8121 HWY 90
MILTON, FL 32583

SUBJECT: NORTH WEST FLORIDA SERVICES, LLC
Ref. Number: L06000021928

We have received your document for NORTH WEST FLORIDA SERVICES, LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 711A00025399

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: MURTAGH ENTERPRISING Limited Liability Company
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:

Thomas J Murtagh

Name of Person

MURTAGH ENTERPRISING Limited Liability Company

Firm/Company

8121 Highway 90

Address

Milton, Florida 32583

City/State and Zip Code

coldcreeklounge@hotmail.com

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

For further information concerning this matter, please call:

Thomas J Murtagh

Name of Person

at (850)

981-8222

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**

FILED

11 NOV 16 PM 3:55

NORTH WEST FLORIDA SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/16/2007 and assigned
Florida document number L06000021928.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MURTAGH ENTERPRISING "LLC"

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)

MURTAGH ENTERPRISING, 'LLC'

8121 Highway 90

Milton, Florida 32583

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

MURTAGH ENTERPRISING, "LLC"

8121 Highway 90

Milton, Florida 32583

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 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 = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

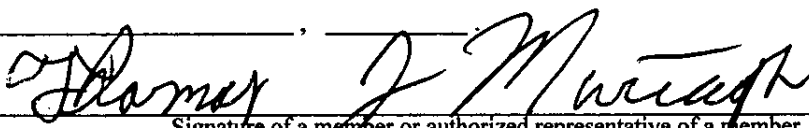
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<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
Thomas J Murtagh

Typed or printed name of signee