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S. HAWKES

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EXAMINER

COVER LETTER

TO: Registration Sect Division of Corpo	ion orations ,	•	
SUBJECT: NOKOM	IS INVESTMENTS (Name of Limi	ited Liability Company)	a
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	JUNE ANN JEHLEN		
		(Name of Person)	
		(Firm/Company)	
	858 HILLCREST DR	(11)	
		(Address)	
	NOKOMIS, FL 34275	(0) (0) 17/ (0.1)	
		(City/State and Zip Code)	
For further information cor	ncerning this matter, please c	all:	
JUNE ANN JEHLEN		at (941) 484-7059	
(Name of	Person)	(Area Code & Daytime To	elephone 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)
			4 P.P. P.P.C.C

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

(Name of the Limited Lin (A Flo	ability Company as it now appears on our record orida Limited Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liabi	ility Company were filed on 4/07/2006	and assigned
Florida document number L06000037045		d., 0
This amendment is submitted to amend the following. A. If amending name, enter the new name of the		9 MR -9
STERLING TRUST CUSTODIAN OF IRA NOKO	MIS INVESTMENTS, LLC	語言向
The new name must be distinguishable and end with th "L.L.C."	he words "Limited Liability Company," the designa	tion "LLC" or the abbreviation
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida str	eet address)
	, Flori	ida
-	(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:

743			
<u>itle</u>	<u>Name</u>	Address	Type of Action
			Remove
			B move
			3
			Add Remove
			Add
			·
			Add Remove
·····			-
			Remove
. If amend	ing any other information, enter chan	ge(s) here: (Attach additional sheets, if no	ecessary.)
			
			
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Page 2 of 2

Filing Fee: \$25.00