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SECRETARY OF STATE
TALLAHASSEE EN SATE

S. HAWKES

MAR 1 5 2010

EXAMINER

COVER LETTER

Division of Co				
SUBJECT:	N 8	& C 4, LLC		
		ted Liability Company		
	f Amendment and fee(s) are sub condence concerning this matter	-		
rease return an corresp	ondence concerning this matter	to the following.		
	Tommy D. Permenter, Jr., Esquire			
		Name of Person		
The Permenter Law Firm, P.A.				
		Firm/Company		
	2201 S	.E. 30th Avenue, Suite 202		
		Address		
	(Ocala, Florida 34471		
	Tom	City/State and Zip Code my@Permenterlaw.com		
	E-mail address: (to be used for future annual report notifica	tion)	
For further information	concerning this matter, please c	all:		
	Permenter, Jr., Esquire	at (<u>352</u>) 62	22-1811	
Name	or reison	Area Code & Daytime 1	erephone 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)	
Regist	LING ADDRESS:	STREET/COURIER Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

N & C	4, LLC		
(Name of the Limited Liability Comp	nany as it now appears	on our records.)	<u> </u>
(A Florida Limited	Liability Company)		44
The Articles of Organization for this Limited Liability Compar	ny were filed on	06/22/06	rand assigned
Florida document number L06000063272			あるる
riorida document number			0 to
			Fig. 3
This amendment is submitted to amend the following:			75
			3P. 0
A. If amending name, enter the new name of the limited list	ability company here:		Q.M
	5716, LLC		
The new name must be distinguishable and end with the words "Li	mited 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:			
		· · · · · · · · · · · · · · · · · · ·	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	 		
			<u> </u>
B. If amending the registered agent and/or registered	affice address on ou	r records enter	the name of the new
registered agent and/or the new registered office address h		i records, <u>enter</u>	the name of the new
Topistered where the new registered strice dedices in	<u> </u>		
Name of New Registered Agent:			
New Registered Office Address:			
	Ente	r Florida street aa	dress
		, Florida	
	City	, FIOTICE	Zip Code
N D 1			-

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

MGR = M MGRM =	lanager Managing Member	embers on our records, enter the title, name, and a red from our records: 10 MAP 2 PA 5 SEE FLORIDE	
<u> </u>	<u>Name</u>	Address AHASSEE FLOATE	Type of Action
		- ORIOA	Add Remove
. <u></u>			Add Remove
	-		Add Remove
			Add Remove
			Add Remove
			Add Remove
). If ame -	nding any other information, ente	r change(s) here: (Attach additional sheets, if necessor	wy.)
-			
-			
Dated	March 10.	2010	
		member or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00