## L070000139189

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S. HAWKES
JUN 2 5 2010
EXAMINER

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: North		aisers. LLC	· ·
	Name of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	ļ.
Please return all correspon	ndence concerning this matter	to the following:	
	Sara T	Name of Person	:
		Name of Person	<del></del>
	North Florid	a Appeaisers	! !
		Firm/Company	
	P.O. Box 2	!13	· 
· ·	Branford, A	. 32008	e es comes t
	Sara.nfappi	City/State and Zip Code  raisers @ gmail. Co	 m
	E-mail address: (t	o be used for future annual report notifica	tion)
For further information co	oncerning this matter, please co	all:	•
Saea Tours	end	at (386) 623,-34	8°8
Name of	Person	Area Code & Daytime 1	elephone Number
		<b>:</b>	L
Enclosed is a check for th	e following amount:	•	<b>9</b>
\$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)
	ينمونه ب مسيست		

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

North Florida App	raisers, L	LC:	
(Name of the Limited Liability C	ompany as it now a	ppears on our records.)	0.55
(A Florida Lili	inted Etabling Comp	ally)	
The Articles of Organization for this Limited Liability Cor	npany were filed on	Hoeil 21,200	and assigned
Florida document number L07000013969		1 .	
	•		
This amendment is submitted to amend the following:			
This unfoldation is such that to unfold the following.		•	
A. If amending name, enter the new name of the limite	d liability compan	<u>y here</u> :	Ť
	·	•	
The new name must be distinguishable and end with the words	"Limited Liability C	ompany," the designation "Ll	C" or the abbreviation
"L.L.C."		4	
Enter new principal offices address, if applicable:	<u></u>		
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>	•	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		,	
	<del></del>		
	<del></del>	· · · · · · · · · · · · · · · · · · ·	<del></del>
B. If amending the registered agent and/or register	red office address	on our records, enter th	e name of the new
registered agent and/or the new registered office addre	ss here:		
Name of New Registered Agent:	······································	,	
Navy Decistand Office Address	٠,		
New Registered Office Address:		Enter Florida street addr	ess
and the second s	City	, Florida	Zip Code
	~·· <i>y</i>		

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:

	Manager = Managing Membe	<b>r</b>			/	i Y	•	
<u>Title</u>	Name		<u>Addr</u>	288	-			Type of Action
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D. If an	nending any other in							<del>-</del>
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- · .				:			-	<b></b>
Dated	June 21 Goshu	Otralian .	2010 .					
	Joshua	Signature of a me	ember or authori			nember		
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Page 2 of 2

Filing Fee: \$25.00