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T. HAMPTON

MAY - 5 2010

EXAMINER

COVER LETTER

P.O. Box 6327 Tallahassee, FL 32314

TO: Registration S Division of Co						
SUBJECT:	Nature Coa	st Equipment, LLC				
		ted Liability Company				
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	pondence concerning this matter	to the following:				
	TI	Theodore M. Burt, Esq.				
		Name of Person				
	TI	heodore M. Burt, P.A. Firm/Company				
Post Office Box 308						
		Address				
	Т	renton, Florida 32693				
		City/State and Zip Code				
	E-mail address: (1	burt@svic.net to be used for future annual repor	t notification)			
For further information	concerning this matter, please c					
	usan Thorsen	at (_352)	463-2348			
Name	of Person	Area Code & I	Daytime Telephone Number			
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is en	\$60.00 Filing Fee, Certificate of Status & Closed) Certified Copy (additional copy is enclosed)			
MAILING ADDRESS: Registration Section		Registration				
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building				

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nature (Coast Equipment, L	LC			
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appel la Limited Liability Company	ears on our records.)			
The Articles of Organization for this Limited Liability	Company were filed on	March 16, 20007	and assi	gned	
Florida document numberL0700029001	 •				
This amendment is submitted to amend the following	:				
A. If amending name, enter the new name of the l	imited liability company h	ere:			
The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liability Com	pany," the designation "LL	C" or the a		
Enter new principal offices address, if applicable:				N S	
(Principal office address MUST BE A STREET AD	DRESS)			<u> </u>	
	 			<u>97.</u>	
Enter new mailing address, if applicable:			2		
(Mailing address MAY BE A POST OFFICE BOX)			E he	- 	
Mutaing quaress MAT BE A POST OFFICE BOA			(C)	- E	
				- 25	
B. If amending the registered agent and/or re- registered agent and/or the new registered office a	-	our records, <u>enter the</u>	e name o	f the nev	
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
·	<u> </u>	, Florida	<i>a.</i> 0 1		
	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>	Address		Type of Action
Mgmr	Kelly S. Shore		49th Lane Florida 32606	✓ Add ☐ Remove
<u>Mgmr</u>	Kevin Hudsor	<u> </u>	s Road #201 st, NC 27587	✓ Add Remove
				Add Remove
				Add Remove
				Add Remove
				Add Remove
D. If ame	nding any other infor	nation, enter change(s) here: (Attach	additional sheets, if necesso	ary.) JUNISTON OF THE PARTY OF
- - -				-4 AN IN SECOND
Dated	April 27	201,0 Farl		
		Signature of a member or authorized repre	Fredric R. Sh	nore

Page 2 of 2

Filing Fee: \$25.00