

# L07000057095

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H12000001178 3)))



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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : SPECTOR, GADON & ROSEN, P.C.  
Account Number : I20030000027  
Phone : (215) 241-8893  
Fax Number : (215) 241-8844

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address:

Uhrlich@kwsgr.com

RECEIVED

12 JAN -3 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
NSM INSURANCE PROGRAMS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

12 JAN -3 AM 8:25

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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T. HAMPTON

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JAN -4 2012

EXAMINER

H120000011783

Jan. 3. 2012 12:42PM

No. 3126 P. 2

**COVER LETTER**

H120000011783

**TO: Registration Section  
Division of Corporations**

**SUBJECT: NSM Insurance Programs, LLC**  
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:

Jill Ehrlich, Paralegal

Name of Person

Spector Gadon & Rosen, P.C.

Firm/Company

1835 Market Street, 7th FL

Address

Philadelphia, PA 194103

City/State and Zip Code

jehrich@lawsgr.com

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

For further information concerning this matter, please call:

Jill Ehrlich

Name of Person

at ( 215 )

241-8833

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

H120000011783

H120000011783

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

NSM Insurance Programs, LLC

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

The Articles of Organization for this Limited Liability Company were filed on May 30, 2007 and assigned  
Florida document number L07000057095

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JAN -3 AM 8:25

This amendment is submitted to amend the following:

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

North Lane I, 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

555 North Lane Suite 6060

Conshohocken, PA 19428

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

City, Florida 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

H120000011783

Jan. 3. 2012 12:42PM

No. 3126 P. 4

H120000011783

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

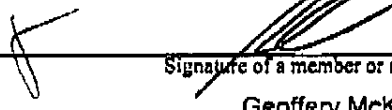
MGRM = Managing Member

<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 December 30, 2011

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Geoffery McKernan, Sole Member  
\_\_\_\_\_  
Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

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