L07000057888

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(Requestor's Name)			
•			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
(Booding, Mainson)			
Certified Copies Certificates of Status			
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Special Instructions to Filing Officer:			
<u> </u>			

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02/05/09--01007--002 **25.00



S. HAWKES
FEB 0 6 2009
EXAMINER





February 6, 2009

GREGORY BOTOLINO 645 W JOHNS CREEK PKWY ST AUGUSTINE, FL 32092

SUBJECT: NAUTICA MORTGAGE, LLC

Ref. Number: L07000057888

We have received your document for NAUTICA MORTGAGE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Letter Number: 209A00004356

Suzanne Hawkes Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

	istration Section sion of Corporations	
SUBJECT:	Nautica Noe Teage Le	<i>lc</i>
	(Name of Limited Liability Company)	
The enclosed A	Articles of Amendment and fee(s) are submitted for filing.	
Please return al	all correspondence concerning this matter to the following:	
·	(City/State and Zip Code)	EEK Drwy
	formation concerning this matter, please call:	
GR	(Name of Ferson) (Area Coo	30 - 8777 de & Daytime Telephone Number)
	(1.11.000)	at a bay and total phone than both
Enclosed is a cl	check for the following amount:	
S25.00 Filin ALREAD HAVE CK # 10 NM C	Certificate of Status Certified Copy (additional copy	Certificate of Status &
	Registration Section Registra Division of Corporations Divisior P.O. Box 6327 Clifton Tallahassee, FL 32314 2661 Ex	T/COURIER ADDRESS: ation Section n of Corporations Building secutive Center Circle ssee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NAUTICA MOE	TEAGE, LLC		
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appear a Limited Liability Company)	s on our records.)	**************************************
The Articles of Organization for this Limited Liability		5/31/07	and assigned
Florida document number 4070005788	8		
This amendment is submitted to amend the following:		ALEMIA	SERVING TEB
A. If amending name, enter the new name of the li	mited hability company ner	<u>e:</u>	00
The new name must be distinguishable and end with the w. "L.L.C."	vords "Limited Liability Compa	ny," the designation "L	LC or the abbreviation
Enter new principal offices address, if applicable:	 		2
(Principal office address MUST BE A STREET ADI	DRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	645 W St. Pu	JOHNS CA	155x Prwy 1 32092
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	nter Florida street ad	dress)	
		, Florida	(7: O. I.)
	(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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	nnager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
<u>.</u>			Add Removen
	****		B Oddd Remove T
***************************************			A 668 Remove
			Add
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if neces.	
_			
Dated	,		
	(Signature of Printed or typed	Soro Livo name of signed)	

Page 2 of 2

Filing Fee: \$25.00