LD7000120091

(Requestor's Name)				
(Address)				
(Address)				
(Addiess)				
(City/State/Z ₁ p/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

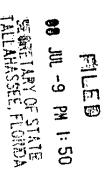
Office Use Only



000132442490

07/09/08--01008--001 **25.00

Amendment LO7-120091 NWRA+ mg



N. CAUSSEAUX

JUL 1 0 2008

EXAMINER

COVER LETTER

Division of Corporations					
SUBJECT: WEST	MORELAND-H	REEMAN PROPERTI	Es, LLC		
•	(Name of Lim	ited Liability Company)	,		
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	NORMAN	FREEMAN (Name of Person)			
		(Name of Person)			
		(Firm/Company)			
		• •	مبد		
	21 JACKIE	WHITEHURST >	<u>/• </u>		
	·	(Address)			
	Apalachical	WHITE HURST S (Address) (City/State and Zip Code)			
		(City/State and Zip Code)			
For further information co	ncerning this matter, please c	all:			
11 -	•	A • • • • • •			
NORMAN FR	ELMAN	at (<i>850</i>) 653 ~ 160 (Area Code & Daytime T	18		
(Name of	Person)	(Area Code & Daytime T	'elephone Number)		
Enclosed is a check for the	following amount:				
\$25.00 Filing Fee	□\$30.00 Filing Fee &	□\$55.00 Filing Fee &	□\$60.00 Filing Fee,		
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

TO: 'Registration Section.

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

(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 DEC 3, 2007 and assigned Florida document number <u>L07000120091</u> .						
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liability compan	y here:				
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability C	Company," the designation "LLC" or the abbreviation				
Enter new principal offices address, if applica	able:	746 ©				
(Principal office address MUST BE A STREE	T ADDRESS)					
	**************************************	77 E 78				
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE	<u> </u>					
	·	20 S				
B. If amending the registered agent and/or registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:		(FATE HURST ST (Enter Florida street address)				

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

Title .	<u>Name</u>	Address	Type of Action
MGR	COMAN FREEMAN	11949 RIVERSIDE DR. # 65 LAKESIDE, CA. 42040	Add Remove
MGR	MARK WESTMORELAND	515 HWY 98 Apalachecola, Fl. 32320	Add Remove
MER_M	NormwEREEMAN	21 Jackie WHITEHUAST ST. Apalachicaly MA 32370	AddRemove
····			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	
			8
Dated	July 8 , 200	08 .	MILE -9
	NORMAN FR	er or authorized representative of a member EEMAU and or printed name of signee	S R O

Page 2 of 2

Filing Fee: \$25.00