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12 JAN 20 PM 3: 29

SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

SUBJECT: National Outdoor Advertising LLC (Name of Limited Liability Company) The enclosed member, managing member or manager resignation and fee(s) are submitted ffiling. Please return all correspondence concerning this matter to:	TO: Registration Section Division of Corporations				
Filing. Please return all correspondence concerning this matter to: John Fife (Contact Person) (Firm/Company) SO21 Belsche Deive (Address) ORlando, Fl 32835 (City/State and Zip Code) For further information concerning this matter, please call: 1042 Fife (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee Certified Copy STREET/COURIER ADDRESS: Registration Section MAILING ADDRESS: Registration Section	SUBJECT: National Outdoor Adventising LLC (Name of Limited Liability Company)				
SO21 Belshire Delve (Address) Delawdo F1 32835 City/State and Zip Code) For further information concerning this matter, please call: Sohw Fite		anager resignation and fee(s) are submitted for			
(Firm/Company) SO21 Belscher Deive (Address) Delando Fl 32835 (City/State and Zip Code) For further information concerning this matter, please call: 104 Fite at (407) 404-2658 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee X Certified Copy STREET/COURIER ADDRESS: Registration Section MAILING ADDRESS: Registration Section	Please return all correspondence concerning this	s matter to:			
(Firm/Company) SO21 Belscher Deive (Address) Delando Fl 32835 (City/State and Zip Code) For further information concerning this matter, please call: 104 Fite at (407) 404-2658 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee X Certified Copy STREET/COURIER ADDRESS: Registration Section MAILING ADDRESS: Registration Section	John FitE				
SO2) Belshire Deive (Address) Delando F1 32835 (City/State and Zip Code) For further information concerning this matter, please call: 1042 Fife at (407) 404-2658 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\infty\$\$ S55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: Registration Section MAILING ADDRESS: Registration Section	(Contact reson)				
Polymodo, F1 32835 (City/State and Zip Code) For further information concerning this matter, please call: Tohow Fife	(Firm/Company)				
For further information concerning this matter, please call:	8021 Belshire Deive				
Tohn Fife (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: [] \$25 Filing Fee [] \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: Registration Section Registration Section	ORIANDO, F1 32835 (City/State and Zip Code)				
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\$25 Filing Fee		(Area Code & Daytime Telephone Number)			
Registration Section Registration Section		\$55 Filing Fee &			
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301	Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Registration Section Division of Corporations P.O. Box 6327			

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

12 JAN 20 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

January 9, 2012

JOHN FITE 8021 BELSHIRE DR ORLANDO, FL 32835

SUBJECT: NATIONAL OUTDOOR ADVERTISING, LLC

Ref. Number: L08000029686

We have received your document for NATIONAL OUTDOOR ADVERTISING, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 912A00000535

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE DIVISION OF CORPORATIONS

12 JAN 20 PM 3: 30

NATIONAL Out CAR	iability Company as it now lorida Limited Liability Con	appears on our records.)	
The Articles of Organization for this Limited Liab Florida document number <u>L D&OOO</u>		on 3/24/08	and assigned
This amendment is submitted to amend the follow A. If amending name, enter the new name of the submitted to amend the follows.	,	any here:	
The new name must be distinguishable and end with "L.L.C."	_		_
Enter new principal offices address, if applicable of the application of the address MUST BE A STREET	ole: <u><u></u> CO2</u>	LI Belshine Llando, FI	Parvie 32835
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered officers.		ss on our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:	John FitE		
New Registered Office Address:	8021 Belshi	ne Dave Enter Florida street a	address
	Onlando City	, Florida _	32835 Zip Code

New Registered Agent's Signature, if changing Registered Agent:

s , ;;; ••• *

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

Page 1 of 2

MGR = Mana MGRM = Ma	ger naging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MGRM</u>	John Fitz	ONLANDO, FI 82835	Add Remove
MGMBR	JAYNE T. Behale	P.O. Box 723 Gotha, FL 3473L	Add Remove
			Add Remove
D. If amendin	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STORY OF STORY OF STORY OF COMPORT
Dated	, , ,		ORATIONS 3: 30
_	یا حال	or authorized representative of a member 1 N F 1 + E or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00