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T. HAMPTON APR 2 5 2008

EXAMINER

COVER LETTER

Division of Corporations				
SUBJECT: NWH Properties 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:				
STEVE WEITLAN				
(Name of Person)				
HOMBRUN Realty LLC				
(Firm/Company)				
949 NE 312 ST				
(Address)				
OCALA FL 34480				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Steve Weitlauf at 352, 624-0935 (Name of Person) (Area Code & Daytime Telephone Number)				
(Name of Person) (Area Code & Daytime Telephone 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) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NWH Pro	perties	LLC.	
(Name of the Limited Liab) (A Florid	lity Company as it no da Limited Liability Co	w appears on our records. ompany))
(Name of the Limited Liability (A Florida document number	y Company were file 83.	$d \text{ on } \frac{4/17/20}{2}$	and assigned Secret F
This amendment is submitted to amend the following	:		R 39,0
A. If amending name, enter the new name of the I	imited liability com	pany here:	STATE RATIONS
The new name must be distinguishable and end with the L.L.C."	words "Limited Liabili	ty Company," the designation	on "LLC" or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered office a		ess on our records, <u>ent</u>	er the name of the new
Name of New Registered Agent:	w/a		
New Registered Office Address:		(Enter Florida street	t address)
	. Florida		
	(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>	<u>Address</u>	Type of Action
M <u>GRM</u>	ROBERT NOVAK	P.O BOX 140881 BAINSVILLE FT 32614	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
- :			Add Remove
		e(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE SECRETARY OF STATE OR APR 24 PM 3: 15
Dated			
	STEVE W	or authorized representative of a member T T C C or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00