LD8000055147

(Re	equestor's Name)			
(Ad	dress)			
(Ad	ddress)			
(Cit	ty/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Bu	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

APR 13 PH 1:5

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	North Walto	on Properties, LLC.	
		ited Liability Company	
	f Amendment and fee(s) are sultondence concerning this matter	· ·	
	Т	heodore M. Perkins Jr.	
		Name of Person	
	Desi	tin Business Brokers In	C
		Firm/Company	-
	4641	Gulf Starr Drive, Unit 1	08
	-	Address	
	D	estin, Florida, 321541	
		.City/State and Zip Code	
	ted@d E-mail address: (estinbusinessbrokers.c	notification)
For further information	concerning this matter, please of	•	,
	, France		
	ore M. Perkins Jr.	at (850_)	269-1047
Name	of Person	Area Code & D	aytime Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAII	LING ADDRESS:	STREET/CO	DURIER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nor	th Walton Pr	operties LLC)			
(Name of the Limited (A	Liability Compan Florida Limited Li	<mark>y as it now appe</mark> ar ability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Company were filed on June 2, 2008 and assigned Florida document number L08000055147						
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name of	the limited liabi	lity company her	<u>e</u> :			
The new name must be distinguishable and end wit "L.L.C."	h the words "Limit	ed Liability Compa	any," the designation "LL	C" or the abbreviation		
Enter new principal offices address, if applica	able:					
(Principal office address MUST BE A STREE	T ADDRESS)					
						
Enter new mailing address, if applicable:		Destin Business Brokers Inc.				
(Mailing address MAY BE A POST OFFICE A	<u>BOX)</u>	4641 Gulf Starr Drive, Unit 108				
		Destin Florid	a, 32541			
B. If amending the registered agent and/or registered agent and/or the new registered of			our records, <u>enter th</u>	e name of the new		
Name of New Registered Agent:	Theodore M.	Perkins Jr.	\	l 		
New Registered Office Address:	4641 Gulf Starr Drive, Unit 018					
		En	ter Florida street addire			
		Destin	, Florida 🎇	32541		
		City	. Lu.	Zip B de		
New Registered Agent's Signature, if changing F	Registered Agent:		LORID	: 57		
I hereby accept the appointment as registered the provisions of all statutes relative to the paccept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing the company has been notified in writin	roper and compl stered agent as p registered office change.	ete performance rovided for in Ci address, I hereby	of my duties, and I an hapter 608, F.SQr, if	n familiar with and this document is ted liability		

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 = M	Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	NBB, Inc.	Post Office Box 6732 Miramar Beach, Florida 32550	Add ✓ Remove
<u>MGRM</u>	Theodore M. Perkins Jr.	4641 Gulf Starr Drive, Unit 108 Destin Florida, 32541	✓ Add Remove
MGRM	Theodore M. Perkins III	4641 Gulf Starr Drive, Unit 108 Destin Florida, 32541	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter char	nge(s) here: (Attach additional sheets, if necessar	y.)
		,	10 APR 13 P
Dated	APRIL 5, 20	g follow	PH 1:57
	THEODO	per or authorized representative of a member REMINS TR. ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00