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(Red	questor's Name)	<u></u>
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TALLAHASSEE FLORIDA

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COVER LETTER

	Registration Se Division of Cor			
SUBJEC	NACB Hol	dings, LLC		
SOBJEC	~!: <u></u>	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Ted L. Blanton, Sr.		
			Name of Person	
		NACB Holdings, LLC		\
			Firm/Company	3
		930 Williston Park Point		to Aug -1
			Address	1 6
		Lake Mary, FL 32746		
			City/State and Zip Code	16 AUG -1 AM 10: 06
		E-mail address: (to be used for future annual report noti	
For furth	ner information c	oncerning this matter, please ca	all:	
Jane Ko	sloski		407 869-9970 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	d is a check for the	ne following amount:		
№ \$25.	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COUR Registration Section Division of Corpo Clifton Building	on rations
	Tallaha	assee, FL 32314	2661 Executive Co	enter Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

No changes
(500 page 3)

(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our records la Limited Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability	Company were filed on	and assigned
Florida document number	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		93 (I)
(Principal office address MUST BE A STREET ADD	RESS)	o Fig.
		5 5
		- SRY
Enter new mailing address, if applicable:		=
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		8 हिंस
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		, enter the name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street address	r .
	, , , , , , , , , , , , , , , , , , , ,	orida
	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = N $AMBR = A$	Tanager Authorized Member	^^No changes^^	. (see page s)
<u>Title</u>	<u>Name</u>	Address		Type of Action
				Add
				Remove
			_	Change
				Remove SSUME AND SECOND
				Add Refine Of
				□ Change
				□ Remove
				Change
				Add
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				□ Change

No other chang	es.	
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ctive date, if other than the	e date of filing:	(optional)
ffective date is listed, the date mu	ust be specific and cannot be prior to date of filing or more block does not meet the applicable statutory filing re	than 90 days after filing.) Pursuant to 605.02
ment's effective date on the I	Department of State's records.	· 1
		and 12.01 arms on the equitors
ecord specifies a delaye e 90th day after the re	ed effective date, but not an effective tim cord is filed.	ie, at 12:01 a.m. on the earlier
dd	. 2016	
	6/	

Page 3 of 3

Filing Fee: \$25.00