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SECRETARY OF STATE
DIVISION OF CORFORATIONS

T. HAMPTON

DEC 1 9 2008

EXAMINER

COVER LETTER

	gistration Sectivision of Corpo		•					
SUBJECT:	_ nu+	14 PRO (Name of L	PEC-	TIES	LL			
•		(Name of L	Limited Lia	bility Compar	ny)			
The enclose	d Articles of An	nendment and fee(s) are	submitted	for filing.				
Please return	n all corresponde	ence concerning this mat	ter to the f	following:				
		JOHN	14	num	A	,		
	-		(N	ame of Person)				-
•		пима	P	ROPEN	TIES		_	_
								-
	-	3610	hw	21H	81	V	hpt_	408
	-	Lnuderal	de	Lols tate and Zip Co	FL :	33311		_
For further is	nformation conc	erning this matter, pleas	(==,	nate and Zip Co	dej			
JOHN	Name of Pe	MUMA erson)		at (<u>954</u> (Area	445 Code & Dayt	time Telepho	ne Numb	er)
Enclosed is a	check for the fo	ollowing amount:						
□ \$25.00 F	ling Fee C	\$30.00 Filing Fee & Certificate of Status	(55.00 Filing Fe Certified Copy (additional cop	/		Certifica Certifie	ling Fee, ate of Status & d Copy nal 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

08 DEC 18 PM 2: 04	SECRETARY OF STATE IVISION OF CORPORATIONS
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NUMA	PROPERTIES	LLC	
(Name of the Limited Liability (A Florida	y Company as it now appea Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability (Florida document number	Company were filed on	09/2/08	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company he	re:	
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Comp.	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADDI	RESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P	0 BOK 5L+ Lan FZ 32310	
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	(F	nter Florida street add	lyacs)
	(E		u ess)
	(City)	, Florida	(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 **Title** <u>Name</u> **Address** Type of Action JEAN ☐ Add Remove Add Remove Add Remove ☐ Add Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a/member of authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00