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T. HAMPTON

DEC 3 0 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Sec Division of Corp	tion orations .		, •
SUBJECT: NOTT	H Beach Pu (Name of Lim	ITO Sales Lited Liability Company)	LC
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Regan C	(Name of Person)	
	NOTTH Beac	L AUTO SAJES LO (Firm/Company)	<u> </u>
	1390 STOC	(Address)	
	ATIANT, CB	Ch F/ 32233 (City/State and Zip Code)	
For further information co	ncerning this matter, please ca	all:	
Regan (Name of	Person)	at ( <u>904) 460 - 62</u> (Area Code & Daytime T	YO Telephone Number)
Enclosed is a check for the	e 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)

MAILING ADDRESS:

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

The state of the s

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

IAIG

71111	OF	7111011	<b>B</b> 555	
	Or			
North Rach F. (Name of the Limited L.) (A F.)	ICTO SAIRS Liability Company as it now a lorida Limited Liability Comp		FILED STARY OF STARY OF CORPORA	
The Articles of Organization for this Limited Liab		Sept. 17 200	8 and assigned	
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability compan	<u>y here</u> :		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability (	Company," the designation "I	LC" or the abbreviation	
Enter new principal offices address, if applical	ole:			
(Principal office address MUST BE A STREET	ADDRESS)			
	<del></del>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u> </u>		•	
,				
B. If amending the registered agent and/or registered agent and/or the new registered office		on our records, enter t	he name of the new	
Name of New Registered Agent:	Klan (			
-				
New Registered Office Address:		(Enter Florida street 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)

Page 1 of 2

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>	Name	Address	Type of A	<u>ction</u>
MGRM	NANCY Cole	11559 HAIFTHOIPED JECKSONVILLE, FI 32223	Add Remove	ı
<del></del>			Add Remove	ı
			Add Remove	
			Add Remove	l.
			Add Remove	
			Add Remove	
D. If amendi	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	_	
			08 DEC 29 PM 2: 0	SECRETARY OF STATE DIVISION OF CORPORATION
Dated De	Signature of a member	or authorized representative of a member	<u>=</u>	ONS:
,	Year (ac	or printed name of signee	<del></del>	

Page 2 of 2

Filing Fee: \$25.00