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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Nottingham Realty + Rentals (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:
Tracy R. Nottingham  (Name of Person)  Nottingham Realty + Rentals  (Firm/Company)  1945 Alber crombie Lane  (Address)  Ponte Vedva FL 32081  (City/State and Zip Code)
For further information concerning this matter, please call:
Susan Nottingham at 904 514-1747 (Name of Person) at (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee & 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



Nothingham Realty By Remails STATE (Name of the Limited Liability Company as it how appears on our records.)

(A Florida Limited Liability Company)

(A Flor	ida Limited Liability Compan	у)	
The Articles of Organization for this Limited Liabili	ty Company were filed on	1012108	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company	<u>here</u> :	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Con	mpany," the designation "I	LC" or the abbreviatio
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	ODRESS)	··· · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2		
B. If amending the registered agent and/or registered agent and/or the new registered office and/or the new regist		n our records, <u>enter t</u>	the name of the ne
New Registered Office Address:			
		(Enter Florida street ad	dress)
	, 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.

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Address</u> **Type of Action Title** <u>Name</u> Remove ☐ Add Remove Add Remove ☐ Add Remove Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

· If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00