

L09000011576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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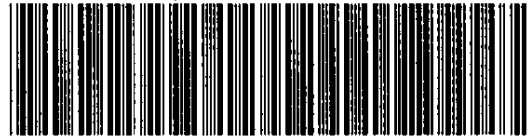
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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T. HAMPTON

AUG - 5 2010

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SNMG-484, LLC**  
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:

**Tommy D. Permenter, Jr., Esquire**

Name of Person

**The Permenter Law Firm, P.A.**

Firm/Company

**2201 S.E. 30th Avenue, Suite 202**

Address

**Ocala, Florida 34471**

City/State and Zip Code

**Tommy@Permenterlaw.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call: -

**Tommy D. Permenter, Jr., Esquire**

Name of Person

at ( **352** )

**622-1811**

Area Code & Daytime Telephone Number

Enclosed is a check for the 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

**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

SNMG -484, LLC

(Name of the Limited Liability Company as it now appears on our records,  
(A Florida Limited Liability Company))

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The Articles of Organization for this Limited Liability Company were filed on February 4, 2009 and assigned

Florida document number L09000011570

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NMM-484 LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

8870 N. Himes Avenue, No. 623

(Principal office address MUST BE A STREET ADDRESS)

Tampa, Florida 33614

Enter new mailing address, if applicable:

8870 N. Himes Avenue, No. 623

(Mailing address MAY BE A POST OFFICE BOX)

Tampa, Florida 33614

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Nell Marie Martin

New Registered Office Address:

8870 N. Himes Avenue, No. 623

*Enter Florida street address*

Tampa

Florida

33614

*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.*

Nell Marie Martin  
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	Name	Address	Type of Action
MGRM	SNMG, LLC	9230 S.E. 7th Avenue Ocala, Florida 34480	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Nell Marie Gordon Revocable Trust No. 1	8870 N. Himes Avenue, No. 623 Tampa, Florida 33614	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Dated July 29, 2010

*Nell Marie Gordon, Trustee*

Signature of a member or authorized representative of a member

Nell Marie Gordon, Trustee

Typed or printed name of signee