L09000023516

(Requestor	's Name)		
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PICK-UP	WAIT MAIL		
(Business	Entity Name)		
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SECRETARY OF SIME

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: NICMAX PROPERTIES, LLC				
	(Name of Limi	ited Liability Company)		
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	William Mirro			
		(Name of Person)		
		(Firm/Company)		
	16464 Redington Drive			
		(Address)		
Redington Beach, FL 33708				
		(City/State and Zip Code)		
For further information cor	ncerning this matter, please ca	all:		
William Mirro		at (_727) 656-6921		
(Name of	Person)	(Area Code & Daytime T	elephone 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

09 MAR 13 PM 12: 07
SECRETARY FOR STATE:
ALLAHASSEE FLORISE

NICMAX Properties, LLC

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

The Articles of Organization for this Limited Liabili	ity Company were filed on March 10, 2	and assigned
Florida document number L09000023516	·	
This amendment is submitted to amend the following	g;	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the	designation "LLC" or the abbreviatio
Enter new principal offices address, if applicable	•	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	v)	
B. If amending the registered agent and/or registered agent and/or the new registered office		ords, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Flo	rida street address)
	<i>(6)</i>	, 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)

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Title Name** Address Type of Action MGR William M. Mirro 16464 Redington Drive **₽** Add Redinaton Beach, FL 33708 ■ Remove MGR James M. Izzolo 102 Palmetto Lane **₽** Add Remove Largo, FL 33770 William M. Mirro MGRM 16464 Redington Drive **₽**Ø Add Redington Beach, FL 33708 Remove MGRM James M. Izzolo 102 Palmetto Lane Largo, FL 33770 ■ Remove 🗖 Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated | of a member or authorized representative of a member William Mirro Typed or printed name of signee

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Filing Fee: \$25.00