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**EXAMINER** 

## **COVER LETTER**

TO: Registration Division of C				
SUBJECT:	499 N. N	OVA ROAD, LLC		
		ited Liability Company	<del></del>	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	spondence concerning this matter	r to the following:		
	LAWI	RENCE W. BORNS, ESQ.		
		Name of Person		
	LAW	RENCE W. BORNS, P.A.		
		Firm/Company	Fo.	<b>-</b>
	412 N. HALIFAX AVENUE			E
		Address	HAS	<b>3</b> 3
	DAY	TONA BEACH, FL 32118	SEE,	
		City/State and Zip Code	FLO	理り
	E-mail address: (	to be used for future annual report notification		ණ ණ
For further information	n concerning this matter, please	call:	<b>&gt;&gt;</b>	
LAWREN	ICE W. BORNS, ESQ.	at (	-6408	
Nam	e of Person	Area Code & Daytime Tele	phone Number	
	r the following amount:  []\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	[\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is en	
Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 thassee, FL 32314	STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	ξ · ·	

And the second

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

499 N. NO	OVA ROAD, LLC			
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appear nited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Con	npany were filed on	04/01/2009	and assigned	
Florida document number L0900032106	· · ·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	d liability company her	<u>e</u> :		
The new name must be distinguishable and end with the words	"Limited Liability Compar	ny," the designation "	LLC" or the abbreviation	
"L.L.C."				
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	SS)		発売る	
			S ω π.	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			22 <b>60</b>	
			<u>□≓ ⇔</u> >	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on or s here:	ur records, <u>enter</u>	the name of the new	
Name of New Registered Agent:				
Name Provident 1000 A 11				
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

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

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action **MGRM** LINDA WILLIAMS **☑** Add 130 RIVERSIDE DRIVE Remove ORMOND BEACH, FL 32176 ☐ Add Remove ☐ Add Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary), 29 JULY 2011 Dated \_\_\_\_\_\_ Signature of a member or authorized representative of a member CHARLES WILLIAMS, JR. Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00