L09000068763

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SECRETARY OF STATE SECRETARY OF SECRETARY

J. BRYAN

SEP 22 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Neig		
		ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
Firm/Company			ASE 8
7920 Vineyard Lake Road North			SEP TI
	Address		
	Jacksonville, Florida 32256		
City/State and Zip Code			ED 21 PH 2: 12 ARY OF STATE SSEE, FLORID
	ralphcrane@bellsouth.net E-mail address: (to be used for future annual report notification)		
Far forther information	concerning this matter, please		130.7
For further information	concerning this matter, please t	zan.	
Ralph D Crane		at the second se	19-7870
Name	of Person	Area Code & Daytime T	elephone Number
Enclosed is a check for	the following amount:		
Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status			\$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

	Neighbours	LLC				
(Name of the Limited (A	Liability Company a Florida Limited Liabi	s it now appear lity Company)	s on our records.			
The Articles of Organization for this Limited Liability Company were filed onJuly 16, 2009 and ass Florida document number L09000068763						
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name of	the limited liability	company her	<u>e</u> :			
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited	Liability Compa	ny," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applic		Į.	င္က 😘 🦠			
(Principal office address MUST BE A STREE	T ADDRESS)			密料工		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/	address on (our records, enter th	TARY OF STATE TO REPORT TO THE NEW			
registered agent and/or the new registered of	fice address here:					
Name of New Registered Agent:	Ralph D Crane)				
New Registered Office Address:		En	ter Florida street addr	ess		
	-	Lity	, Florida	Zip Code		
New Registered Agent's Signature, if changing I	Registered Agent:					
I hereby accept the appointment as registere the provisions of all statutes relative to the p accept the obligations of my position as regi being filed to merely reflect a change in the company has been notified in writing of this	roper and complete stered agent as pro registered office ad	performance vided for in Cl	of my duties, and I a hapter 608, F.S. Or, i	m familiar with and If this document is		

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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** <u>Name</u> **Address Type of Action MGRM** Ann L Crane 7920 Vineyard Lake Road North ☐ Add Jacksonville FL 32256 √ Remove MGRM Sushil Khanna 7924 Vineyard Lake Road North ✓ Add Jacksonville FL 32256 Remove MGR Ann L Crane 7920 Vinevard Lake Road North ✓ Add Jacksonville FL 32256 Remove Christine Khanna MGR 7924 Vineyard Lake Road North **√** Add Jacksonville FL 32256 Remove MGR Ralph D Crane ✓Add 7920 Vineyard Lake Road North Jacksonville Fl 32256 Remove \prod Add 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 Ralph D Crane Typed or printed name of signee

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Filing Fee: \$25.00