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T. CLINE

OCT 16 2009

EXAMINER

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Co			
SUBJECT:	Newton Com	nmercial Group, LLC	
		ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
		Brenda Boren Corliss	_
		Name of Person	
	Newto	on Commercial Group, LLC	
		Firm/Company	-
		P.O. Box 428	
		Address	
		Melbourne, FL 32902	
		City/State and Zip Code	
	E-mail address: (enda@newtonland.com (to be used for future annual report notification)	17.4 17.0 697 17.4 636
For further information	concerning this matter, please	•	5 T
	, p		the state of the s
	da Boren Corliss	at (321) 751-6850	
Name (of Person	Area Code & Daytime Telephone Number	AHIO: 05
Enclosed is a check for t	the following amount:		
 ▼ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifie	ate of Status &
Regist	LING ADDRESS: ration Section on of Corporations	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

Newton Comm	nercial Group, LLC	
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our recorded Liability Company)	<u>·ds.</u>)
. The Articles of Organization for this Limited Liability Comp Florida document numberL0900096208	any were filed on October 6,	2009 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and end with the words "l'L.L.C." Enter new principal offices address, if applicable:	Limited Liability Company," the design	nation "LLC" or the abbreviation
• • •		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:	P.O. Box 428	5 5
(Mailing address MAY BE A POST OFFICE BOX)	Melbourne, FL 32902	
_		55 7
		를 등 등
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	reet address
	7	rida
	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 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

<u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** DIR Floyd White 152 N. Harbor City Blvd. ✓ Add Remove Suite 200 Melbourne, FL 32935 **Brenda Boren Corliss** MGR ✓ Add 152 N. Harbor City Blvd Remove Suite 200 Melbourne, FL 32935 **MGRM** John Newton 152 N. Harbor City Blvd. ✓ Add Suite 200 Remove Melbourne, FL 32935 8 \Box Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Och /2 MGRM Signature of a member of authorized representative of a member JOHN Typed or printed name of signee

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Filing Fee: \$25.00