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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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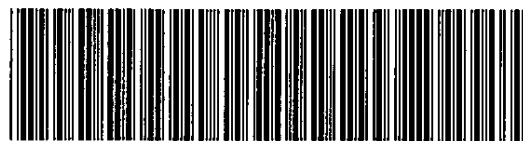
(Business Entity Name)

(Document Number)

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T. CLINE

SEP 21 2010

EXAMINER

FILED  
2010 SEP 20 AM 10:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Freeborn & Freeborn**  
attorneys at law

JOHN F. FREEBORN  
FLORIDA BAR CERTIFIED WILLS, TRUSTS & ESTATES  
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JOHN B. FREEBORN (1925-2008)

September 16, 2010

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Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Nona Lisa Stable, LLC  
Document #L09000101363

Dear Sir or Madam:

Enclosed please find Articles of Amendment to Articles of Organization of Nona Lisa Stable, LLC. Additionally, we enclose our check in the amount of \$55.00 representing your filing fee and certified copy (we enclose a copy for your convenience).

Please return the certified copy to us in the enclosed stamped, self-addressed envelope provided for your convenience.

If you have any questions, please do not hesitate to contact us.

Very truly yours,

ALISON K. FREEBORN

AKF/ker  
Enclosures

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**NONA LISA STABLE, 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 Liability Company were filed on October 20, 2009 and assigned  
Florida document number L09000101363.

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 "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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: NONA M. QUINN

New Registered Office Address: 242 GARDEN CIRCLE SOUTH

Enter Florida street address

DUNEDIN, Florida 34698  
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.*

Nona M. Quinn  
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	WILLIAM L. QUINN	242 GARDEN CIRCLE SOUTH DUNEDIN, FL 34698	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	NONA M. QUINN	242 GARDEN CIRCLE SOUTH DUNEDIN, FL 34698	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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

Dated \_\_\_\_\_, \_\_\_\_\_

Thomas J. Quinn 9/8/2010  
Signature of a member or authorized representative of a member

THOMAS J. QUINN  
Typed or printed name of signee