# L10000016672

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10 OCT 12 PH D 43
ALLAHASSEE, FIORINA

D. BRUCE

OCT 13 2010

**EXAMINER** 

# **COVER LETTER**

Division of Co	orporations				
SUBJECT:	NAS Co	nstruction, LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	oondence concerning this matter	r to the following:			
	•				
		Michelle Wynne	-Je		
		Name of Person			
	Th	e Payroll Solution, Inc.			
		Firm/Company			
		1925 Barber Rd			
		Address			
		Sarasota, FI 34240			
	-	City/State and Zip Code			
	mich	nellewynne@verizon.net		2 cm _	
	E-mail address: (	to be used for future annual report notifi	cation)	בינה: 0 0	
For further information	concerning this matter, please of	call:		10 OCT 12 PH E	
	chelle Wynne		378-3377	2 P	
Name	of Person	Area Code & Daytimo	e Telephone Number	For the	Ö
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)	Certified (	of Status &	)

### 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

	NAS Construction, LLC		<u></u>	
( <u>Name of the Limited</u> (A	Liability Company as it now appear Florida Limited Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Li	· · ·	2/12/2010	and assigned	
Florida document numberL10000016	<u>672                                    </u>			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liability company he	<u>re</u> :		
The new name must be distinguishable and end with "L.L.C."	h the words "Limited Liability Comp	any," the designation "l	LC" or the abbreviation	
Enter new principal offices address, if applica	able:			
(Principal office address MUST BE A STREE	T ADDRESS)		Mary Mary Mary Mary Mary Mary Mary Mary	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE I	BOX)		10 OCT 12 P	
B. If amending the registered agent and/or registered agent and/or the new registered of	or registered office address on fice address here:	our records, enter	the name of the nev	
Name of New Registered Agent:		.vavv.		
New Registered Office Address:	E	nter Florida street ada	lress	
•	City	, Florida	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM_	Nicholas Pirchio	4123 Ponea Dr Sarasota, FL 34241	Add Remove
MGR_	Elizabeth Perkins	4123 Ponea Dr Sarasota, Fl. 34241	Add  Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necessor	Add Remove
_ _ _			TO DOT 12 PM 12 43 SECRETARY ET STATE LLAHASSEE FLORIOA
 	September 30	2010	
	Signature of a m	nember or authorized representative of a member	
		Nicholas Pirchio Typed or printed name of signee	<del> </del>
		ryped or printed name or signee	

Page 2 of 2

Filing Fee: \$25.00