## L10000095381

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J. BRYAN

OCT -1 2010

**EXAMINER** 

## **COVER LETTER**

TO:	Registration S Division of Co			
SUBJE	·CT•	N	NP, LLC.	
SOBJE		Name of Limited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
•		RAKESH A. PATEL		<b>5</b> 55 <b>5</b>
			Name of Person	E SE T
			NNP, LLC.	
Firm/Company		Firm/Company	SECTION TO	
		5275 SOUTH NOVA ROAD		SEP 30 PM 1:05 CHANASSEE, FLORIDA
	Address			
		POF	RT ORANGE, FL 32127	7
			City/State and Zip Code	
		E-mail address: ()	to be used for future annual report notific	ation)
For fur	ther information	concerning this matter, please c		,
	RAK	ESH A. PATEL	<sub>at (</sub> 386 <sub>)</sub> 8	46-1353
	Name	of Person	Area Code & Daytime	l'elephone Number
Enclose	ed 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)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations Box 6327	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cen Tallahassee, FL 323	ions er Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Zip Code

NNP, 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 SEPT 10, 2010 and assigned L10000095381 Florida document number 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 "L.L.C." 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: New Registered Office Address: Enter Florida street address

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.

City

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 <u>Address</u> Type of Action <u>Name</u> RAKESH A. PATEL MGRM 5275 SOUTH NOVA ROAD ✓ Add PORT ORANGE, FL 32127 Remove RENUKA R. PATEL MGRM 5275 SOUTH NOVA ROAD ✓ Add PORT ORANGE, FL 32127 Remove MGRM NIRALI PATEL 5275 SOUTH NOVA ROAD ☐ Add PORT ORANGE FL 32127 □ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **SEPTEMBER 28, 2010** Dated Signature of a member or authorized representative of a member RAKESH A. PATEL Typed or printed name of signee

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Filing Fee: \$25.00