

L10000 104224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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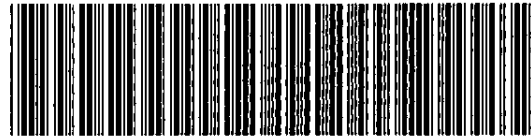
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC 13 PM 1:40

T. HAMPTON
DEC 14 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: N 172HB, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DOUGLAS MORRISON
Name of Person

PRN Home CARE, INC.
Firm/Company

2226 SARNO RD. STE 111
Address

Melbourne, FL 32935
City/State and Zip Code

355 dmm@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DOUGLAS MORRISON at (321) 266-2221
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 DEC 13 PM 1:40

N122HB, 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 10-5-2010 and assigned
Florida document number L10000104224.

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**)

70 PRN Home Care, Inc
2226 SARNO Rd Ste 111
Melbourne, FL 32935

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

70 PRN Home Care, Inc.
2226 SARNO Rd. Ste 111
MELBOURNE, FL 32935

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:

DOUGLAS MORRISON

New Registered Office Address:

2226 Sarno Rd Ste 111

Enter Florida street address

Melbourne, Florida 32935
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.

Douglas Morrison

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager & member	Nelson Sawg	3437 Cappio Drive Melbourne, FL 32940	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Manager & member	Douglas Morrison	70 PRU Home Care, Inc. 2726 SARNO Rd. Ste 111 Melbourne, FL 32935	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
10 DEC 13 PM 1:40
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Dated Dec 9, 2010.

Douglas Morrison
Signature of a member or authorized representative of a member
DOUGLAS MORRISON
Typed or printed name of signer