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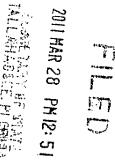
EXAMINER

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COVER LETTER

TO:		tion Section of Corporations								
SUBJE	ECT:	BK	11301	NW 2	7A	LLC				
				imited Liabil		npany	-			
The en	closed Arti	cles of Amendment	and fee(s) are	submitted fo	r filing.					
Please	return all c	orrespondence conc	erning this ma	atter to the fol	llowing:					
			DAVID	<i>N</i> .	MCA	JULTY				
				Nar	ne of Per	rson				
			BAKE	D KEY	ls,	uc				
			•	Fin	m/Comp	any				
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				City/Sta	te and Z	ip Code	,			
			beaco	ndunkir	1@)	rahoo.co	m			
			E-mail addre	ss: (to be used:	for futu r e	e annual report n	otification)		5	
For fun	ther inform	ation concerning th	is matter, plea	se call:		,				
M	aria	Hernandez	7 _	_	. 129	275.	2188			
		Name of Person		ai	A	rea Code & Day	time Teleph	one Number		
Enclose	ed is a chec	k for the following	amount:							
\$25	.00 Filing I		Filing Fee & ficate of Statu	s	ertified (ng Fee & Copy Il copy is enclo		Certified	te of Status &	osed)
		MAILING ADDRI Registration Section				TREET/COU		DRESS:		

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(<u>Name of the Limited Liabili</u> (A Florida	SOI NW 27 A	urs on our records.	 			
The Articles of Organization for this Limited Liability Florida document number	Company were filed on		and assigned			
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lin	nited liability company he	re:				
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Comp	any," the designation	I divi	ation		
Enter new principal offices address, if applicable:			2 2 2 2	water		
(Principal office address MUST BE A STREET ADD	PRESS)		CAPT CO I	3+86 24		
Enter new mailing address, if applicable:			2: 51	terane		
(Mailing address MAY BE A POST OFFICE BOX)			···			
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		our records, enter	the name of the	— <u>new</u>		
Name of New Registered Agent:	DAVID N	. MCNULTY				
New Registered Office Address:		. MCNULTY E LANE		_		
	Enter Florida street address					
	NAPLES	, Florida _	34109 Zip Code	_		
	City		Zip Code			
New Registered Agent's Signature, if changing Register	ed 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	David N. McNutty	9160 The Lane Naples, FL 34109	Add Remove
			Add Remove
			Add Remove
	 		Add Remove
			Add.
		- ;	Add Remove
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessar	200 CT
	·		
Dated	larch 23, 20	7767	
		or authorized representative of a member	
		O. McNulty or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00