## #11000106113

(Requestor's Name)
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(City/State/Zip/Phone #)
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EXAMINER
SEP 28 2011

## **COVER LETTER**

Division of Co	orporations				
SUBJECT:	E&A	of NWF, LLC			
		ited Liability Company	·		
The enclosed Articles o	of Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
		C. Jeffrey McInnis			
		Name of Person			
	Anch	ors Smith Grimsley, PLC			
		Firm/Company			
	909 Mar Walt Drive, Suite 1014				
		Address			
	Fort	Walton Beach, FL 32547			
	City/State and Zip Code				
	ification)				
For further information	concerning this matter, please c	•	,		
C	Jeffrey McInnis	at ( 850 )	862-4064		
Name	of Person	Area Code & Daytin	me Telephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	x \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAII	ING ADDRESS:	STREET/COUR	HER ADDRESS:		

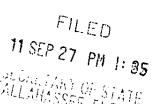
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

**Registration Section** 

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



E & A of NWF, 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	ity Company were filed onSe	eptember 16, 2011 and assigned
Florida document numberL11000106113	3	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here	<u>e</u> :
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compar	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	<u></u>	
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on or address here:	ur records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	Ente	er Florida street address
,—	City	, Florida Zip Code
	2.1.3	Zip Couc

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, 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Jeff Saidin	200 Hart Street Niceville, Fl. 32578	Add Remove
MGRM	Jeff Saidin, Custodian for Sarah Elisabeth Korecki, under the Florida Uniform Transfer To Minors Act	200 Hart Street Niceville, FL 32578	✓ Add Remove
MGRM_	Jeff Saidin, Custodian for Alexander Joerg Korecki, under the Florida Uniform Transfer To Minors Act	200 Hart Street Niceville, FL 32578	✓ Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	_
			<del></del>
			_ _
Dated	September 23 , 20	011	_
	Signature of a member	r or authorised representative of a member	<del></del>
	-	. Jeffrey McInnis	
		or printed name of signee	<del></del>

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Filing Fee: \$25.00