

L120000 39330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900310978369

03/26/18--01039--002 **25.00

FILED
2018 MAR 26 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 27 2018
J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NSB Rentals and Properties 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:

Donald T. Dulac, Jr., Esq.

Name of Person

Barnes Dulac P.C.

Firm/Company

One PPG Place, Suite 3100

Address

Pittsburgh PA 15222

City/State and Zip Code

dondulac@barnesdulac.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donald T. Dulac, Jr., Esq.

412 855-5289
at ()

Name of Person

Area Code

Daytime Telephone Number

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)

☐ \$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**

NSB Rentals and Properties 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 March 21, 2012 and assigned
Florida document number L1200039330.

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 contain 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)

401 N. Atlantic Avenue

Unit 306

New Smyrna Beach FL 32169

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

401 N. Atlantic Avenue

Unit 306

New Smyrna Beach FL 32169

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:

William E. Biedenbach

New Registered Office Address:

410 N. Atlantic Avenue, Unit 306

Enter Florida street address

New Smyrna Beach

Florida

City

32169

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	John M. Cory, III	1211 Woodhill Drive	<input type="checkbox"/> Add
		Gibsonia PA 15044	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	William E. Biedenbach	401 N. Atlantic Avenue	<input checked="" type="checkbox"/> Add
		Unit 306	<input type="checkbox"/> Remove
		New Smyrna Beach FL 32169	<input type="checkbox"/> Change
MGR	John Cory	1211 Woodhill Drive	<input type="checkbox"/> Add
		Gibsonia PA 15044	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


10

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

rch 21 2018



Signature of a member or authorized representative of a member

Typed or printed name of signee