## L12000083171

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SEGRETARY OF STATE TALL AHASSEE, FLORIDA

D. SCOTT JUL 12 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: North west Nestonation 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:
Kevin m Carter Name of Person
Firm/Company
4431 STEPHENS RD-
Pare FL. 3257/ City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kevin Carter   at (850) 7/2-8356     Name of Person   Area Code   Daytime Telephone Number   The property

□ \$55.00 Filing Fee &

**Certified Copy** 

(additional copy is enclosed)

**MAILING ADDRESS:** 

□ \$25.00 Filing Fee

\$30.00 Filing Fee &

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certificate of Status &

Certified Copy (additional copy is enclosed)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 Com	pany were filed on ACAS 25 2013 and assigned		
Florida document number <u>L12006683171</u> .			
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:	4431 Stephens Rp.		
(Principal office address MUST BE A STREET ADDRES	s) Pace 14 32571		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address			
Name of New Registered Agent: Kov	in m Catter		
New Registered Office Address: 443	Enter Florida street address  Florida  Zip Edde   Zip Edde   T		
New Registered Agent's Signature, if changing Registered At	rent:		
provisions of all statutes relative to the proper and comp	agree to act in this capacity. I further agree to comply with the plete performance of my duties, and I am familian with and t as provided for in Chapter 605, F.S. Or, if this document is ffice address, I hereby confirm that the limited liability		

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>	Name	Address	Type of Action
OWNER	Degra J Dun Ford	<del></del>	Add
		PACE FL. 3,571	<b>△</b> Remove
			☐ Change
OWNER	Kelin m Certer	4431 SPOPHERS RD.	<b>∠S</b> İ Add
			Remove
			Change
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			(optional)	
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Effective date, if other than the date if an effective date is listed, the date must be so Note: If the date inserted in this block document's effective date on the Department of the Polymer of the 90th day after the record in Dated July 7	pecific and cannot be prior to close not meet the applicable ment of State's records.  ective date, but not a	e statutory filing requirence of the statutory filing required filing required filing requirements for the statutory filing requirements fili	ements, this date will not the second arm. on the second arm.	ot be listed as

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Filing Fee: \$25.00