

L13000028862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

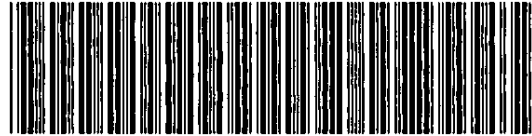
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
13 JUN 27 AM 11:46

JUN 28 2013  
T. HAMPTON

TO: Registration Section  
Division of Corporations

SUBJECT: NSITE COMMERCIAL 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:

THOMAS S CROPPER JR

Name of Person

NSITE COMMERCIAL LLC

Firm/Company

490 PROSPECT RD

Address

OAKLAND PARK, FL 33309

City/State and Zip Code

TOM.CROPPER@NSITELLC.COM

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

For further information concerning this matter, please call:

THOMAS S CROPPER JR

at ( 239 ) 240-5674

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

**TO  
ARTICLES OF ORGANIZATION  
OF**

NSITE COMMERCIAL 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 02/25/20130

Florida document number L13000028862.

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)**

490 W PROSPECT RD

OAKLAND PARK, FL 33309

Enter new mailing address, if applicable:

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

490 W PROSPECT RD

OAKLAND PARK, FL 33309

**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:

New Registered Office Address:

490 W PROSPECT RD

Enter Florida street address

OAKLAND PARK

City

, Florida 33309

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.*

**If Changing Registered Agent, Signature of New Registered Agent**

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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> |
|--------------|------------------|--|-----------------------|
| MGRM         | DONALD S HAWKINS | 490 W PROSPECT RD, OAKLAND PARK, 33309 | XX                    |
|              |                  |  | Add                   |
|              |                  |  | Remove                |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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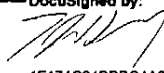
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Dated JUNE 20, 2013

DocuSigned by:  
  
1F174C048BBC4A2...

Signature of a member or authorized representative of a member

THOMAS S. CROPPER JR.

Typed or printed name of signee

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Filing Fee: \$25.00

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