

L14000022641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

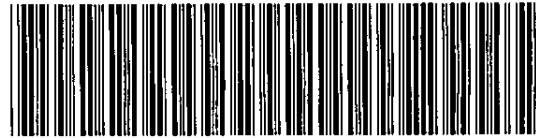
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
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FILED
14 FEB 31 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch APR 1 2014



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 077159 10910A

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 30.00

ORDER DATE : March 31, 2014

ORDER TIME : 3:28 PM

ORDER NO. : 077159-005

CUSTOMER NO: 10910A

DOMESTIC AMENDMENT FILING

NAME: 3946 NMA, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER'S INITIALS: _____

097159



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 1, 2014

CSC
ATTN: SUSIE KNIGHT

SUBJECT: 3946 NMA, LLC
Ref. Number: L14000022641

RESUBMIT

Please give original
submission date as file date.

We have received your document for 3946 NMA, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

Letter Number: 814A00006854

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3946 NMA, LLC

Page 1 of 3

SECRET
TALLAHASSEE, FLORIDA
14 FEB 81 PM 4:30
NAME of the new

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: April 1, 2014 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 1, 2014

Signature of a member or authorized representative of a member

William Weisman, Authorized Representative

Typed or printed name of signee

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