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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	÷ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
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Certified Copies	Certificates	of Status
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J. HARRIS

COVER LETTER

LLC

TO: Registration S Division of Co		4.* 	•
SUBJECT: NOR	-THEMST FL	ONIOA REAL,	TY HOLDINGS
	Name of Em	neu Diabinty Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	United 6201 6	Name of Person Brands Firm/Company Address City/State and Zip Code Lean & Canifer to be used for future annual report notified.	<u>^.</u>
For further information	concerning this matter, please c		
	•		
/ANDRE	W OCEAN of Person	at (<u>516)</u> 528 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)
MAII	LING ADDRESS:	STREET/COURIE	CR ADDRESS:

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

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 Liabil Florida document number <u>L14 0000</u> 3	ity Company were filed on	3/5/14	_ and assigned
This amendment is submitted to amend the following	ıg:		
A. If amending name, enter the new name of the	limited liability company her	<u>·e</u> :	
The new name must be distinguishable and end with the word	s "Limited Liability Company," the d	esignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable	<u></u>		
(Principal office address MUST BE A STREET A.	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0		SECRETARY OF SHARE OF STRUCTURE
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on address here:	our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:		<u> </u>	····· <u> </u>
New Registered Office Address:	Enter Florid	da street address	
_		, Florida	
	City		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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MARY ANN KENNESON	9270 HECKSCHEN DRIVE JACKSONVILLE FL	□ Add
MGR	WALTER BRANDON/ ROGERS	32226 9270 HECKSCHER DR JACKSONILLE F	Z □ Add
		32226	
			Remove
			SECRETARY OF SIAMORE S

If amending any other information, enter change(s) here: (Attach ad	dditional sheets, if necessary.)
- William Control of the Control of	
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cathe date this document is filed by the Florida Department of State)	(optional)
Dated 7, 14, 14, ,	
Andrew Ocean	
Signature of a member or authorized represer	ntative of a member
ANDREW OCEAN	
Typed or printed name of sig	

Page 3 of 3

Filing Fee: \$25.00