# LIYOCC 42011

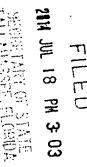
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# **COVER LETTER**

TO: Registration Section Division of Corporation			
SUBJECT:	155 Holdin Name of Limite	ed Liability Company	- The state of the
The enclosed Articles of Am	nendment and fee(s) are subm	itted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	Kathlee	Name of Person	non
	KMC Lx	tw FIRM Firm/Company	
	P.O. B	Address	
	_	Address	
	Titusi	ille H 32+	81
	Kathy @ E-mail address: (to	City/State and Zip Code  CMC   aw firm. Coo be used for future annual report notifica	m_tion)
For further information con-	cerning this matter, please cal		
Kanleen 5. Name of P	MACMAHON erson	at (321) 747 - Area Code Daytime T	8566 elephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

ARTIC	CLES OF O	RGANIZATION	<b>2</b> 8 <b>2</b>
	OF	7	
NASS	Holdin	45, LLC y as it now appears on our records.) ability Company)	IL 18
( <u>Name of the Limited</u> (A	Liability Company Florida Limited Lia	y as it now appears on our records.)	
The Articles of Organization for this Limited Liab Florida document number <u>L1H0000</u> H	oility Company w	,	
This amendment is submitted to amend the follow	/ing:		•
A. If amending name, enter the new name of t			,
The new name must be distinguishable and end with the we	NA	****	
The new name must be distinguishable and end with the we			
Enter new principal offices address, if applicab	ole:	N/A	
(Principal office address MUST BE A STREET		•	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0x)</u>	N/A	
B. If amending the registered agent and/or registered agent and/or the new registered office			ter the name of the new
Name of New Registered Agent:	<i>\\A</i> _		
New Registered Office Address:		Futur Florid	
		Enter Florida street address	
		, Florida	Zip Code
		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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	Ianager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JAMES HOFFMAN	7065 Challenger Ave	t Add
		Titusville, FL32780	□ Remove
AMBR	J. ROWLAND HUSS	7065 Challenger Ave	IS Add
		Titusville, FL 32780	Remove
			Add
			Remove
			Remove
			Add
			□ Remove
			Add
			_□ Remove

			_	
the effective date the date this document	if other than the date of f nust be specific, cannot be prior nent is filed by the Florida Depar	to date of receipt or filed date as	(op nd cannot be more than 90 day	tional) 's after
Dated	XIG 13	sorg.	"alen	
<del></del>	Signature	of a member or authorized repr	resentative of a member	Ga.
	, K	arbleen 5.1	MACINIPHON	, 259,
				//Y
		Typed or printed name o	signee Attorne	9 . 1 .

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Filing Fee: \$25.00

