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SESTE WAT DE STATE
ALLAHASSEE, FLORIDA

K.SALY EXAMINER DEC -8 2015

COVER LETTER .

TO: Registration Sec Division of Corp		,	
Nunley Mur	phy Companies, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Sean Keller		
		Name of Person	
	N-M Holdings, LLC		
		Firm/Company	
	11525 Acosta Avenue		
		Address	
	Orlando, Florida 32836		
		City/State and Zip Code	
	sean.keller@nunleymurphy.		· · · · · · ·
	·	to be used for future annual report notific	ation)
For further information co	oncerning this matter, please ca	all:	
Emily K. Lashley, Esquir		410 832-2112 at ()	Felephone Number
Name of	Person	Area Code Daytime	Felephone Number
Enclosed is a check for th	e 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

EFFECTIVE DATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2015 DEC-7 PM 1: 33
FALLAHASSEE STATE

and assigned

NUNLEY MURPHY COMPANIES, LLC

The Articles of Organization for this Limited Liability Company were filed on 7/17/2014

(Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the	he limited liability company here:	
NM 6551, LLC		
The new name must be distinguishable and contain the work	ds "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>	
registered agent and/or the new registered offic Name of New Registered Agent: New Registered Office Address:	ce address here:	
New Registered Office Address.	Enter Florida s	reet address
	22/11/20 2 10/ /// 20	
	2/10/ 10/ 10/	Florida
	City	, Florida
New Registered Agent's Signature, if changing Reg	City	, Florida

If Changing Registered Agent, Signature of New Registered Agent

If amendin	g Authorized Person(s) authorized to t I from our records:	nanage, <u>enter the titl</u>	e, name, and address of each person being added	
MGR = Manager AMBR = Authorized Member		FILED 2015 NFC -		
Title	<u>Name</u>	Address	2015 DEC -7 PM 1:333 of Action TILLAHASSEE, FLORIDE Add	
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fective date, if other than the da	te of filing: January 1, 2016 (optional) specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
the current's effective date on the Department's effective date on the Department's	does not meet the applicable statutory filing requirements, this date will not be listed as
record specifies a delayed e The 90th day after the record	ffective date, but not an effective time, at 12:01 a.m. on the earlier of I is filed,
	2015
December 1	
ted December 1	
ted	mature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00