

L1400017531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

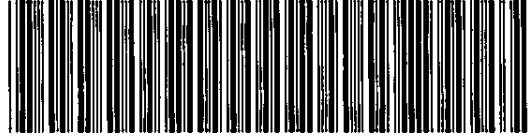
(Business Entity Name)

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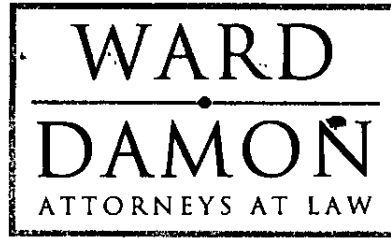
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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S MASON



Conrad Damon  
E-mail: [cdamon@warddamon.com](mailto:cdamon@warddamon.com)

September 11, 2015

**Via Federal Express**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: Northport Group LLC  
Document No. L14000177531  
Articles of Amendment to Articles of Organization**

Dear Sir/Madam:

Enclosed please find the Division of Corporations Cover Letter, Articles of Amendment to Articles of Organization for Northport Group LLC, a Florida limited liability company, and our firm's check in the amount of \$25.00 to cover the filing fee. Kindly file the Articles of Amendment immediately.

Should you have any questions, or need anything further, please contact me at my direct line at 561-594-1451.

Very truly yours,

Mari-Ellen K. Sheldon  
Assistant to Conrad Damon, Esq.

Enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** NORTHPORT GROUP 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:

Conrad Damon, Esq.

\_\_\_\_\_  
Name of Person

Ward Damon PL

\_\_\_\_\_  
Firm/Company

4420 Beacon Circle

\_\_\_\_\_  
Address

West Palm Beach, FL 33407

\_\_\_\_\_  
City/State and Zip Code

cdamon@warddamon.com

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

For further information concerning this matter, please call:

Conrad Damon

561 594-1441  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

NORTHPORT GROUP 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 November 17, 2014 and assigned  
Florida document number L14000177531.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and contain 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)**

18251 SE ISLAND DRIVE

TEQUESTA, FL 33469

**Enter new mailing address, if applicable:**

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

18251 SE ISLAND DRIVE

TEQUESTA, FL 33469

**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:

N/A

New Registered Office Address:

N/A

Enter Florida 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 Registered Agent

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TALLAHASSEE, FLORIDA

**If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	JAMES F. LUNNY 1985 FAMILY	9018 SE STAR ISLAND WAY	<input type="checkbox"/> Add
	TRUST	HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JAMES F. LUNNY	18251 SE ISLAND DRIVE	<input type="checkbox"/> Add
		TEQUESTA, FL 33469	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	MARYELLEN Q. LUNNY	18251 SE ISLAND DRIVE	<input checked="" type="checkbox"/> Add
		TEQUESTA, FL 33469	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

**E. Effective date, if other than the date of filing: N/A (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated Sept. 11, 2015



Signature of a member or authorized representative of a member

JAMES F. LUNNY, MANAGER

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA