L14000178133

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL .
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
1		

Office Use Only



300265740763

2014 DEC -5 1 4: 2:

DEC 1 2 2014 T CLINE





ACCOUNT NO. : I2000000195

REFERENCE : 388667 8021496

AUTHORIZATION

COST LIMIT

ORDER DATE: November 21, 2014

ORDER TIME : 3:17 PM

ORDER NO. : 388667-005

CUSTOMER NO: 8021496

DOMESTIC AMENDMENT FILING

NAME: NATIONAL ACQUISTIONS, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY ____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS:



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 8, 2014

CSC COURTNEY WILLIAMS TALLAHASSEE, FL

SUBJECT: NATIONAL ACQUISTIONS, LLC

Ref. Number: L14000178133

RESUBMIT

Please give original submission date as file date:

We have received your document for NATIONAL ACQUISTIONS, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The effective date must be specific and cannot be prior to the date of filing.

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.

Tammi Cline Regulatory Specialist II

Letter Number: 414A00025749

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NATIONAL ACQUISTIONS, I.	LC		
(Name of the Livuited)	Lability Company as it now appears on our records. Forida Limited Liability Company)		
The Articles of Organization for this Limited Liabi	lity Company were filed on 11/17/2014	and assigned	
Florida document number L14000178133		ES E	
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company here:	See that the	* 641
NATIONAL ACQUISITIONS, LLC		Mo m	1
The new name must be distinguishable and end with the work Enter new principal offices address, if applicable		or the abbreviation "L.L.C."	1
(Principal office address MUST BE A STREET A			
(Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our records,	enter the name of the n	<u>ew</u>
New Registered Office Address:			
	Enter Florida street address		
	. Flor	ida	
-	City	Zip Code	
New Registered Agent's Signature, if changing Regi	stered Agent:		
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this cha	ind complete performance of my duties, and red agent as provided for in Chapter 605, F. istered office address. I hereby confirm that	I am familiar with and S. Or, if this document is	ie

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	lanager Lutborized Member		
Title	Name	<u>Address</u>	Type of Action
		· · · · · · · · · · · · · · · · · · ·	□ Add
			Addi P
			El Remove
	_		
			□ Remove
			□ Romove
			□ Add
			□ Remove
· · · · · · · · · · · · · · · · · · ·			
			□ Remove

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: 12/10/14 (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 11-26-14 Cally Com.			
	Signature of a picmber or authorized representative of a member			
	Catherine Comino			
	Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00