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K.SALY EXAMINER JAN 27

COVER LETTER

Divi	ision of Corp	orations		
SUBJECT:	NSA North	Florida, LLC		
SCOSECT.		Name of Limi	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
	100 W. Broadway Suite 100			
			Address	· · · · · · · · · · · · · · · · · · ·
		Glendale, CA 91210		
			City/State and Zip Code	
		fasterump@yahoo.com		
			to be used for future annual report no	ottrication)
For further in	nformation co	ncerning this matter, please ca	all:	
Imelda Vas	quez			ext 7950
	Name of	Person	Area Code Dayt	ime Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 F	iling 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:

TO:

Registration Section

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

2016 JAN 25 PH 6: 17

NSA North Florida, 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 12/01/2015 and assigned

Florida document number L15000200490

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_, Florida

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Bridget Diedeman	27885 43rd Road	☑ Add
		Branford, FL 32008	Remove
			□ Add
			□ Remove
			D'Add
		□ Add	
		Add	
		□ Remove	
		Add	
			Remove
			☐ Remove

). If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	The FILES
	TALLAHASSEE VESTA
(The effective	date, if other than the date of filing:
Dated	Signature of a member or authorized representative of a member
	Brian Pompili
	Typed or printed name of signec

Page 3 of 3

Filing Fee: \$25.00