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(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

Division of Corporations
SUBJECT: 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:
EDWARD SHELLING Name of Person NORBRITT PROPERTY SOLUTIONS, LLC Firm/Company
Firm/Company
155 WALDUT ST Address
SANTA ROSA BEACH, FL 32459 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
EDWARD SHELLING at (850) 240-0599 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \$30.00 Filing Fee & \Bigcup \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOR BRITT PROPERTY SOLUTIONS, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	ompany were filed on 2 14 2017 and assigned
Florida document number <u>L 1700003583</u>	<u>3_</u> J
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ted liability company here:
The new name must be distinguishable and contain the words "Limite	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SEC 18
(Principal office address MUST BE A STREET ADDRE	ESS) A PE
	29 ASS
Enter new mailing address, if applicable:	AM 11: 5
(Mailing address MAY BE A POST OFFICE BOX)	ORALE SECTION AND ADDRESS OF THE PROPERTY OF T
B. If amending the registered agent and/or registered agent and/or the new registered office addre	ered office address on our records, enter the name of the new ess here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida City Zip Code
New Registered Agent's Signature, if changing Registered	Agent:
provisions of all statutes relative to the proper and con accept the obligations of my position as registered age	and agree to act in this capacity. I further agree to comply with the emplete performance of my duties, and I am familiar with and sent as provided for in Chapter 605, F.S. Or, if this document is d office address. I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

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 Title Name Address Type of Action EDWARD SHELLING ISS WALNUT ST KAdd

SANTA ROSA BEACH, FL OREM MGR _□ Remove □ Change AMBR NORMA J. SEARS 155 WALDUT ST 32459
SANTA ROSA BEACH, FL REMOVE □ Change □ Add ☐ Remove ☐ Change ☐ Remove _□ Change _ 🗆 Add ☐ Remove ☐ Change □ Add □ Change

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Effective date	e, if other than the date	of filing:			(optional)	
Note: If the di	ite is listed, the date must be state inserted in this block defective date on the Depart.	loes not meet th	e applicable stati	utory filing require	ments, this date w	ursuant to 605.0207 (ill not be listed as t
aocument s er	rective date on the Depart.	ment of State \$	records.			
ne record sp The 90th (pecifies a delayed effe day after the record i	ective date, is filed.	but not an efi	fective time, at	: 12:01 a.m. or	n the earlier of:
Dated	3/27	2	018			
	Elwa	2-0	00.	resentative of a men		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00