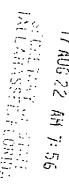
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Office Use Only



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COVER LETTER

TO:	Registration Sec División of Cor			
SUBJ	ECT: Nettles	Design & Planning, LLC		
50		Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspon	ndence concerning this matter	to the following:	
		Belinda B. Nettles	Name of Person	
			Think of Lennin	
		Nettles Desing & Pla		
			Firm/Company	
		18670 NW 246th St.		
			Address	· · · · · · · · · · · · · · · · · · ·
		High Springs, FI 3264	13	
			City/State and Zip Code	
		Belinda.Nettles@Ne	ttlesdp.com	
		E-mail address: (to be used for future annual report notifi	cation)
For fi	irther information co	oncerning this matter, please ca	ill:	
B	elinda B. Nettles		at (_352)650-2551	
	Name of	Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	e following amount:		
□ s	25.00 Filing Fee		□ \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nettles Design & Planning,		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
he Articles of Organization for this Limited Liab	oility Company were filed on 18 July 2017	and assigned
lorida document number L17000153671	·	
his amendment is submitted to amend the follow	ring:	
. If amending name, enter the new name of th	he limited liability company here:	
he new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicab	le:	
Principal office address MUST BE A STREET	ADDRESS)	<u></u>
		· · · · · · · · · · · · · · · · · · ·
nter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE BC</u>	<u></u>	
16di abisaadad/		-4 4b£ 4b-
. It amending the registered agent and/or egistered agent and/or the new registered offic	registered office address on our records, <u>e</u> <u>ee address here</u> :	tier the name of the
		17
Name of New Registered Agent:		AU
New Registered Office Address:		7.55 7.55 7.55 7.55 7.55 7.55 7.55 7.55
New Registered Unite Address:		
new negistered office ridaress.	Enter Florida street address	- E 22 .
the registered office reduces.	Enter Florida street address Florid	3

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 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

<u>Title</u>	Name	<u>Address</u>	Type of Action
		18670 NW 246th St.	
AMBR	Bobby Nettles	High Springs, FL 32643	⊠ Add
			□ Remove
			Change
			□ Remove
			Change
			Remove
			Change
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			☐ Remove
			□ Change

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ctive date, if other than the date of filing: 17 Au	gust 2017 (optional)
effective date is listed, the date must be specific and cannot be p	orior to date of filing or more than 90 days after filing.) Pursuant to 605, plicable statutory filing requirements, this date will not be liste
ment's effective date on the Department of State's reco	
ecord specifies a delayed effective date, but	not an effective time, at 12:01 a.m. on the earlie
ne 90th day after the record is filed.	
d 17 August 2017	•
/// / 1.	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00