

L11000100346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

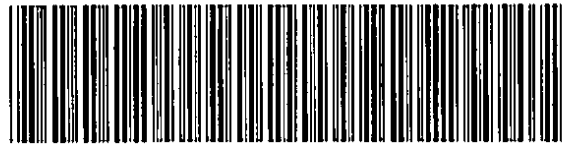
(Document Number)

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18 AUG 23 PM 2:29

SECRETARY OF STATE
DIVISION OF CORPORATIONS

N COOPER

AUG 27 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 203 NW, 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:

Jessica Jangbahadoor

Name of Person

Firm/Company

PO Box 551651

Address

DAVIE, FL 33355

City/State and Zip Code

INVESTMENTMANAGER15@YAHOO.COM

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

For further information concerning this matter, please call:

JESSICA JANGBAHADOOR

305 778-6837

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing 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:

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**

203 NW, 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 09-01-2011 and assigned Florida document number L11000100346.

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 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)

12565 ORANGE DR

STE 409

DAVIE, FL 33330

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 551651

DAVIE, FL 33355

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG 23 PM 2:29

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: JESSICA JANGBAHADOOR

New Registered Office Address: 12565 ORANGE DR., STE 409

Enter Florida street address

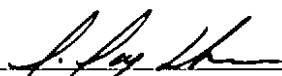
DAVIE Florida 33330

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 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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------------|---------------------------|--|
| MGR | MERLIN JANGBAHADOOR | 203 NW 11 AVE | <input type="checkbox"/> Add |
| | | FORT LAUDERDALE, FL 33311 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | JESSICA JANGBAHADOOR | 12565 ORANGE DR. | <input checked="" type="checkbox"/> Add |
| | | SUITE 409 | <input type="checkbox"/> Remove |
| | | DAVIE, FL 33330 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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