# 215000124678

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\*\*CLAMASSEE, FLORIDA

MAR 2 1 2016

**S MASON** 



February 25, 2016

JANINE HALLINAN 12503 SPARKLEBERRY ROAD TAMPA, FL 33626

SUBJECT: NANILAH LLC Ref. Number: L15000124678

We have received your document for NANILAH LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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.

Letter Number: 116A00003984

Stacey M Mason Regulatory Specialist II

www.sunbiz.org

### **COVER LETTER**

Division of Corporations	. •
SUBJECT: NANTLAH 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:	
Janine Hallinan Name of Person	
NavIllaH LLC Firm/Company	
12503 Sparkleberry Rd	
Tampa H 33626  City/State and Zip Code	
Janine. Hallinan @ Smail. Con	7
E-mail address: (to be used for future annual report rotification)	
For further information concerning this matter, please call:	
Janine Hallinan at (813, 598-4108	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee & □	f Status &

#### 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** 

NANILAH L.L.	ny es it now annears on our records	
(Name of the Limited Liability Compar (A Florida Limited L	iability Company)	AA B ANNE
The Articles of Organization for this Limited Liability Company  Florida document number 1 15000 1240 7		and assigned
Florida document number 1 15000 1246 +	0	D 3:5
This amendment is submitted to amend the following:		A G
A. If amending name, enter the new name of the limited liabil.  ANTLLAHLL.C.  The new name must be distinguishable and contain the words "Limited Liabil"		ne abbreviation "L.L.C."
يستوسيني وما الرسام المستوال والمراك المراك والمراك المراك المراك المراك المراك المراك المراك المراك والمراك والمرك والم والمراك والمراك والمرك والمرك والمرك والمرك والمرك والمرك وال		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<del> </del>
Enter new mailing address, if applicable: <u>Moiling address MAY BE A POST OFFICE BOX</u>	n/a	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		iter the name of the new
Name of New Registered Agent:	Na	AV
New Registered Office Address:	N/A_ Enter Florida street address	
	. Florid	a
	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.

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 renewed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> Name **Address Type of Action** □ Add □ Remove ☐ Change ☐ Remove ☐ Change \_□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change \_□ Add ☐ Remove ☐ Change Add 1 U **始** Remove ☐ Change

If amending any othe	r information, enter ch	ange(s) here: (Attach ad	ditional sheets, if t	necessary.)	
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an effective date is listed  Note: If the date insert	r than the date of filing the date must be specific and ed in this block does not m te on the Department of S	cannot be prior to date of filing eet the applicable statutory	or more than 90 days	optional) after filing.) Purst this date will n	nant to 605.0207 (3)(b) ot be listed as the
	a delayed effective der the record is filed.	ate, but not an effecti	ve time, at 12:0	)1 a.m. on th	ne earlier of:
Dated Ny 20	Paire L	2016 Hade	i Ma	2016 II	
	Signature of a r	nember or authorized represen	nan	MAR 18	
		Typed or printed name of sign	ICC .	F STAT	O
		Page 3 of 3		A SP	

Filing Fee: \$25.00