

216000090522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

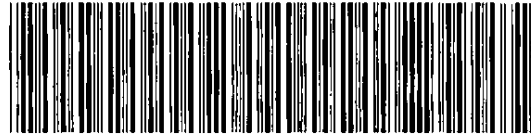
(Business Entity Name)

(Document Number)

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STATE COURT OF FLORIDA  
TALLAHASSEE, FLORIDA

2017 JUN 19 P 3:43

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D. BRUCE  
JUN 21 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 22, 2016

FREDERICK T NIXON JR AND CELESTE GOSSELIN  
34 BLUEBERRY CIRCLE  
HAMPSTEAD, NH 03841

SUBJECT: 3962 NO NAME RD, LLC  
Ref. Number: L16000090522

RECEIVED  
2017 JUN 20 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for 3962 NO NAME RD, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

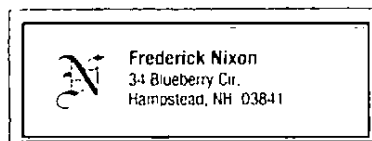
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 016A00025045

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Celeste Gosselin  
603-489-8945

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 3962 No Name Rd 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:

Celeste Gosselin & FREDERICK T. NIXON JR.  
Name of Person

3962 No Name Rd. LLC  
Firm/Company

34 Blueberry Circle  
Address

Hampstead NH 03841  
City/State and Zip Code

Celestegosselinrtp@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Celeste Gosselin at (603) 489-5945  
Name of Person Area Code Daytime Telephone Number

OFFICE OF THE  
CLERK OF THE  
STATE  
TALLAHASSEE, FLORIDA

2017 JUN 19 P 3:44

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Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$50.00 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**

3962 No Name RD, 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 May 09, 2016 and assigned Florida document number 16000090522.

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 "L.L.C." or the abbreviation "L.L.C."

**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:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida

City

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2017 JUN 19 3:04 PM

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**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	Celeste Gosselin	34 Blueberry Circle	<input checked="" type="checkbox"/> Add
		Hampstead N14	<input type="checkbox"/> Remove
		03841	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 CLERK TERRY J. PETERSON  
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

2017 JUN 19 P 3 44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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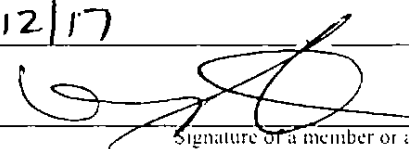
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 6/12/17

  
Signature of a member or authorized representative of a member

FREDERICK T. NIXON JR.  
Typed or printed name of signee