L18000057275

(Requestor's Name)

(Address)

NBE Brokerage LLC
(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

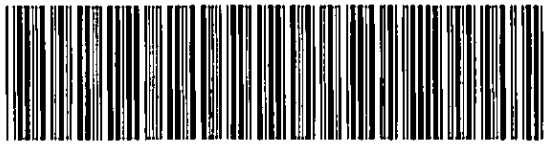
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2018 APR 23 AM 10:28

N. CAUSSEAUX

APR 26 2018

L18-57295

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: NBE Brokerage LLC
Name of Limited Liability Company

RECEIVED
2018 APR -2 PM 3:09
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shermaine Reed
Name of Person

NBE Brokerage LLC
Firm/Company

1802 N. Alafaya Trail
Address

Orlando FL 32826
City/State and Zip Code

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

For further information concerning this matter, please call:

Shermaine Reed at (321) 337-4382
Name of Person 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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 2, 2018

SHERMAINE REED
NBE BROKERAGE LLC
1802 N. ALAFAYA TRAIL
ORLANDO, FL 32826

SUBJECT: NBE BROKERAGE LLC
Ref. Number: L18000057275

We have received your document for NBE BROKERAGE LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for $25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 218A00006600

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2018 APR 23 AM 8:29
SECRETARY OF STATE
DIVISION OF CORPORATIONS

_____
(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 03/05/2018 and assigned Florida document number L18000057275

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)

1802 N. Alafaya Trail
Orlando FL 32826

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1802 N. Alafaya Trail
Orlando FL 32826

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 *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

Title	Name	Address	Type of Action
MGR	Martha Nicholas	150-08 109th Drive	☐ Add
		Jamaica NY 11433	☒ Remove
			☐ Change
~~PRES~~	Shermaine Reed	3269 Heirloom Rose Place	☐ Add
		Oviedo Fl 32766	☐ Remove
		Title Changed to MGR	☒ Change
MGR	Bradley Moore	3269 Heirloom Rose Place	☐ Add
		Oviedo Fl 32766	☐ Remove
		Title Changed to AMBR	☒ Change
AMBR	Jeffrey Glickman	13750 W Colonial Dr.	☒ Add
		Suite 350-311	☐ Remove
		Winter Garden Fl 34787	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

FILED
SECRETARY OF STATE
2018 APR 23 AM 10: 29

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 03/28/2018 . _____ .

_____
Signature of a member or authorized representative of a member

Shemaine Reed
Typed or printed name of signee

Filing Fee: $25.00