

L20 0000 79999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

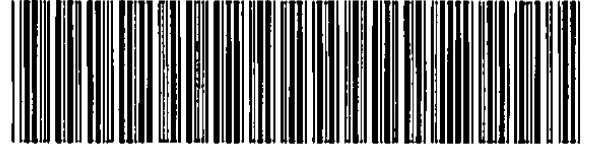
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/26/20--01016--007 **25.00

FILED
2020 OCT 26 PM 4:17
FILING OFFICE
FALLS CHURCH, VIRGINIA

US
12/5/20

NE3 MARKETING LLC

14234 SW 289TH TERRACE, HOMESTEAD, FL 33033. PH 786 251 4040 – 305 395 5824
FAX 305 675 3136 – ne3marketing@firstcargo.us

REF:

NE3 MARKETING LLC
FLORIDA DOCUMENT NUMBER: L20000079999

Dear Sirs:

We need to add a Manager in our LLC as per the following information

- Title: MANAGER
- Full Name: LUIS EDUARDO MUGICA
- Address: 14234 SW 289th Terrace, Homestead, FL 33033

We're attaching check # 1421 for \$ 25.00 that corresponds for the Filling Fee.

Please feel free to contact me anytime if you need more information


Sincerely

Tomas Nessi

11.EDD
2009 OCT 26 PM 4: 17
STATE OF FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NE3 MARKETING 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:

LUIS EDUARDO MUGICA

Name of Person

NE3 MARKETING LLC

Firm/Company

14234 SW 289TH TERRACE

Address

HOMESTEAD, FL, 33033

City/State and Zip Code

usa@firstcargo.us

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

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RECEIVED
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

LUIS EDUARDO MUGICA

786

251 4040

at (_____) _____

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

NE3 MARKETING 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 03/12/2020 and assigned Florida document number L20000079999.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

RECEIVED
2020 MAR 11 11:17 AM
TALLAHASSEE, FLORIDA

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LUIS EDUARDO MUGICA	14234 SW 289TH TERRACE, HOMESTEAD, FL	<input checked="" 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

2023 OCT 26 PM 4:17
MUGICA

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

Handwritten lines for amending information, crossed out with a diagonal line. A stamp on the right side reads: 2:29 OCT 26 PM 4: 17

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 OCTOBER 20 2020

Handwritten signature of Tomas Nessi

Signature of a member or authorized representative of a member

TOMAS NESSI

Typed or printed name of signee