

LIB000238929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

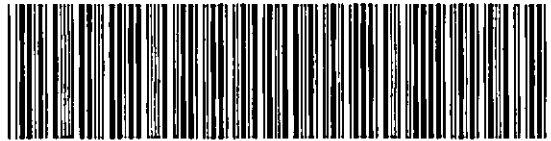
(Business Entity Name)

(Document Number)

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SEC. STATE FLORIDA  
TALLAHASSEE, FLORIDA

K SAI V  
DEC -4 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: N. Milosevic 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:

Nenad Milosevic  
Name of Person  
N. Milosevic LLC  
Firm/Company  
617 SW 2nd Ln  
Address  
Pompano Beach - FL 33060  
City/State and Zip Code  
nedmilosevic@gmail.com.  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nenad milosevic at ( 954 ) 258. 6361  
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

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FALLS CHURCH, VIRGINIA

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Page 1 of 3

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>
CEO	Nenad milosevic	612 SW 2nd Ln	<input checked="" type="checkbox"/> Add
		Pompano Beach FL 33060	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

*[This section contains horizontal lines for amendments, which are crossed out by a diagonal line.]*

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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 November 29, 2018

*[Handwritten signature]*

Signature of a member or authorized representative of a member

NENAD MILOSEVIC

Typed or printed name of signee