# LD6000016772

· · · · · · · · · · · · · · · · · · ·	(Requ	estor's Name	e)
	(Addre	ess)	
	(Addre	ess)	
	(City/S	State/Zip/Pho	one #)
PICK-U	Р	WAIT	MAIL
	(Busin	ness Entity N	ame)
	(Docu	ment Numbe	er)
Certified Copies		Certificat	es of Status

Special Instructions to Filing Officer:

in RA.

Peralt Cassagnol

Already Becord
AS RA ATSAME
Address



000267058550 L06-16772

12/05/14--01028--013 \*\*25.00

NC + Amend



DEC 11 2014 N. CAUSSEAUX

# COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
PERALT OASSAGNAL Name of Person
NITERBOYS ENTENDAINMENT, //C
7491 PANKS We Lane
Margate P1 33063
City/State and Zip Code  DERRY CASSA GOVOL @ GMGI/COM  Explail address: (to be used for future annual deport notification)
For further information concerning this matter, please call:
PERALT CASSAGNOL at (754) 368 - 9748  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  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 E	577
NITERBOYS ENTER IAW (Name of the Limited Liability Comp. (A Florida Limited	MENT //C pany as it now appears on our records.) I Liability Company)	5 PH 12:
The Articles of Organization for this Limited Liability Compan	by were filed on $\frac{2/18/06}{16772}$ and $\frac{1}{1}$	assened
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	NENT, LLC	
The new name must be distinguishable and end with the words "Limited Lister new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	ability, Company," the designation "LLC" or the abbreviation  7491 PANKSIDE L  MARGATE FL 3	ANE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7491 PARKSIDE LANE MARGATE FL, 3300	53
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ne of the new
Name of New Registered Agent:	ERALT CASSAGNOL	
New Registered Office Address: 7491	DARK SIDE LAWE  Enter Florida street address	
MA	KGATE , Florida 330	063 de

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR'= Manager

AMBR = Au	uthorized Member		
<u>Title</u>	Name 6	Address	Type of Action
MGR	HENRY CURTIS	Po Box 77/324 Coral Squys a 3307	Add •
	,	Coral Squins a 3307	Remove
MGR	WA, KREYOL	7913 TAM OSHANTER	Blackdad Carrier
		NORIN LAURINA DU FL 33	Remove
M GR	WA, KreyoL	7491 PANKSIDE LAN	
		MARGASE PL 3306	
MGR	HONRY CORTIS	1192 NW 40Th ANE APT. 503 NORTH LAMBERANCE PI 339	Add
	1'	NORTH LAMBERdale P1 33	5/3 □ Remove
			Add Add
		*	ARRENOVE PAR SSEE, F
			ASSEE, FLORE
			P Remove

'	<u>, , , , , , , , , , , , , , , , , , , </u>		
1			
_			
		<del>_</del>	
Effective d	ate, if other than the date o	of filling:	(optional) more than 90 days after
	ate, if other than the date o date must be specific, cannot be pri document is filed by the Florida De	of filing: ior to date of receipt or filed date and cannot be epartment of State)	(optional) more than 90 days after
			(optional) more than 90 days after
the date this	document is filed by the Florida De	epartment of State)	nore than 90 days after
the date this	document is filed by the Florida De	epartment of State)	nore than 90 days after

Page 3 of 3

Filing Fee: \$25.00

