

LALLOCO 75792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

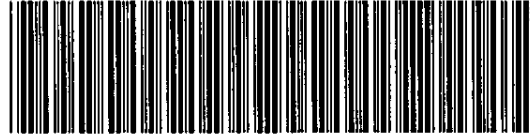
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/27/15--01019--019 **25.00

FILED
15 APR 27 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/28/2015 MAY 01 2015

Debra Myers
Nova Lane LLC
18326 Murdock Circle
Port Charlotte, FL 33948

April 24, 2015

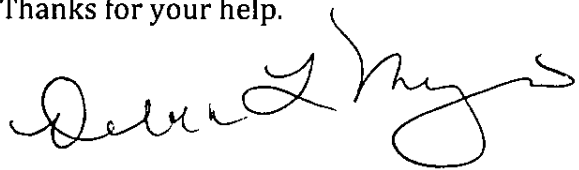
To Whom It May Concern:

I'm enclosing an amendment to Nova Lane LLC documents and a check for \$25. I'm adding two authorized members.

You can reach me at the following phone numbers:

941-766-0058
941-276-5417

Thanks for your help.

A handwritten signature in cursive script, appearing to read "Debbie Myers". The signature is fluid and stylized, with the first name "Debbie" and last name "Myers" clearly distinguishable.

Debbie Myers

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nova Lane 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:

Debra Myers
Name of Person

Nova Lane LLC
Firm/Company

18326 Murdock Circle
Address

Port Charlotte, FL 33948
City/State and Zip Code

Debbie12355@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debra Myers at (941) 276-5417
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Nova Lane 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 _____ and assigned
Florida document number L 0600003 5782

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)

18326 Murdock Circle
Port Charlotte, FL 33948

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18326 Murdock Circle
Port Charlotte, FL 33948

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>
AMBR	David Myers	24694 Nova Lane	<input checked="" type="checkbox"/> Add
		Punta Gorda, FL	<input type="checkbox"/> Remove
		33980	<input type="checkbox"/> Change
AMBR	Mary Richoz Dohat	3083 Oakhill	<input checked="" type="checkbox"/> Add
		Troy, MI	<input type="checkbox"/> Remove
		48084	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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

April 24, 2015

Signature of a member or authorized representative of a member

Debra L. Myers
Typed or printed name of signee

Typed or printed name of signee

SECRET

15 APR 2 1968
PH 12:5L

Pursuant to 605.02
ate will not be listed

on the earlier