## L06000043627

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2012 NOV -5 PM 2: 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

NOV -6 2012

**EXAMINER** 

## **COVER LETTER**

TO:

Registration Section .
Division of Corporations

SUBJECT

## Nevaeh 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:



Name of Person

Nevaeh LLC

Firm/Company

9072 Artist Place

Address

Lake Worth, Florida 33467

City/State and Zip Code

meemawprice@comcast.net

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

For further information concerning this matter, please call:

**Eleanor Price** 

\_\_561\**964-8312** 

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nevaeh LLV			\$0 B	
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears on our re- liability Company)	cords.)	
			三二 二	
The Articles of Organization for this Limited	Liability Company	were filed on 4/26/2006	and assigned	
Florida document number L0600003627	·		79 × 6	
			65 <b>2</b>	
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	oility company here:		
N/A				
The new name must be distinguishable and end v "L.L.C."	vith the words "Lim	ited Liability Company," the des	ignation "LLC" or the abbreviation	
Enter new principal offices address, if appl	icable:	9072 Artist Place		
(Principal office address MUST BE A STREET ADDRESS)		Lake Worth, Florida 33467		
		9072 Artist Place		
Enter new mailing address, if applicable:		Lake Worth, Florida 33467		
(Mailing address MAY BE A POST OFFICE BOX)		Lake Worth, Florida 3	<del>5407</del>	
B. If amending the registered agent and registered agent and/or the new registered			s, enter the name of the new	
Name of New Registered Agent:	N/A		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:				
-		Enter Florida	street address	
		F	lorida	

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Eleanor Price	9072 Artist Place	Add
		Lake Worth, Florida 3346	Remove
MGR	CharlesBoice	14254 Leeward Way	Add
		Palm Beach Gardens,	Remove
		Florida 33410	
			Add
			Remove
			Add
			Remove 2812 NOV
•		A	24
<del> </del>			Add
			Remove

If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ted	11/01/2012-11-
	1 John Journal
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

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