

L066000/116323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

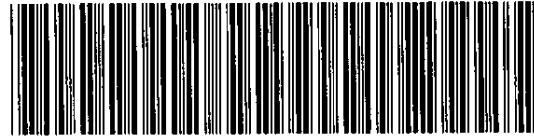
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
2014 SEP 12 AM 8:50  
TO AGENCY OF RECORD  
SUFFICIENCY OF FILING

FILED  
14 SEP 12 PM 2:59  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

SEP 15 2014

T. HAMPTON



September 12, 2014

***Via Hand Delivery***

Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Nation Safe Drivers, LLC (Document #L06000116323)

To whom it may concern:

Enclosed are Articles of Amendment to the Articles of Organization for the above referenced company. The amendment changes the name of the company to NSDX, LLC. Upon filing of the amendment, please provide our office with the following:

Six (6) Certificates of Status	55.00
Two (2) certified copies of the Amendment	60.00
Five (5) Certificates Evidencing Name Change	43.75

Enclosed is a check payable to the Florida Department of State in the amount of \$183.75 to cover the filing fee (\$25.00) and above-referenced fees.

If you will give me a call at 425-4000 once the certified copies are ready, I will arrange for someone to pick it up. If you have any questions or require additional information, please give me a call.

Your assistance is appreciated.

Sincerely,

A handwritten signature in black ink that reads "Stacy Small". The signature is written in a cursive, flowing style.

Stacy Small  
Paralegal

Enclosure



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

**NATION SAFE DRIVERS, 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 DECEMBER 5, 2006 and assigned  
Florida document number L06000116323

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**NSDX, LLC**

The new name must be distinguishable and end with 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)**

**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 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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 TALLAHASSEE FLORIDA

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

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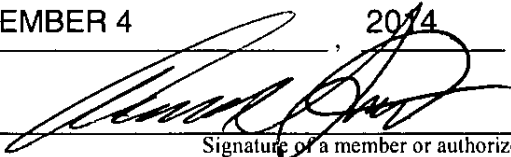
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated SEPTEMBER 4, 2014



Signature of a member or authorized representative of a member

ANDREW SMITH, MANAGER

Typed or printed name of signee

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Filing Fee: \$25.00

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