

10/10/13

**L08000098425**

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : 120120000055

Phone : (407) 898-1757

Fax Number : (407) 897-5336

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
NELORE OF WINTER PARK LLC**

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** **NELORE OF WINTER PARK 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:

**EDUARDO BAPTISTA**

Name of Person

**NELORE OF WINTER PARK LLC**

Firm/Company

**115 E LYMAN AVE**

Address

**WINTER PARK, FL 32789**

City/State and Zip Code

**INFO@ABKCORP.COM**

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

For further information concerning this matter, please call:

**EDUARDO BAPTISTA**

Name of Person

**407 898-1757**

at (

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

\$30.00 Filing Fee &  
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☐ \$60.00 Filing Fee,  
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(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

413 000 226 2753

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

NELORE OF WINTER PARK LLC

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

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The Articles of Organization for this Limited Liability Company were filed on 10/20/2008 and assigned  
Florida document number L08000098425

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 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 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:

**MGR = Manager**  
**MGRM = Managing Member**

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TALLAHASSEE, FLORIDA

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Add Remove Add Remove

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

Dated **OCTOBER, 10** 2013

Signature of Attorney or other person authorized to execute this document

*[Signature]*  
CHAIROO HANSA SAKUL

Witness of Attorney or other person

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