

L08000099546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

L08-99546

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT

OCT - 7 2010

EXAMINER

Office Use Only



700175345077

04/22/10--01027--009 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 OCT - 6 AM 11:37

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 29, 2010

LIRIAN DONDO
2601 SOUTH BAYSHORE DRIVE
SUITE 601
MIAMI, FL 33133

SUBJECT: NIGATA CONCORDE LLC
Ref. Number: L08000099546

We have received your document for NIGATA CONCORDE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 510A00010659



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 8, 2010

LIRIAN DONDO
2601 SOUTH BAYSHORE DRIVE
SUITE 601
MIAMI, FL 33133

SUBJECT: NIGATA CONCORDE LLC
Ref. Number: L08000099546

We have received your document for NIGATA CONCORDE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because articles of correction must be submitted within 30 business days of the filed date, the enclosed document cannot be filed and is being returned to you.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 910A00014191



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2010

WILSON DONDO
7204 SW 122 PL
MIAMI, FL 33183

SUBJECT: NIGATA CONCORDE LLC
Ref. Number: L08000099546

We have received your document for NIGATA CONCORDE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 610A00022374

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NIGATA CONCORDE 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:

WILSON DONDO

Name of Person

NIGATA CONCORDE LLC

Firm/Company

7204 SW 122 PL

Address

MIAMI FL 33183

City/State and Zip Code

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

GERMAN PEÑA

Name of Person

at (305) 385-0014

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**

NIGATA CONCORDE 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 L08000099546

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)

7204 SW 122 PL

MIAMI FL 33183

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7204 SW 122 PL

MIAMI FL 33183

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	LIRIAM DOUNDO	7204 SW 122 PL MIAMI FL 33183	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

Dated September 15, 2010

W. Douno

Signature of a member or authorized representative of a member

MGR

Typed or printed name of signee