

L09000024888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

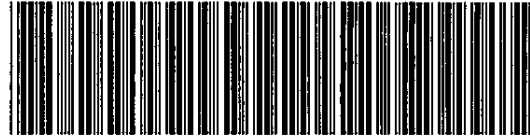
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan NOV 19 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NANDO OVERSEAS 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:

JAN A. YELEN

Name of Person

YELEN & YELEN PA

Firm/Company

1104 Ponce de Leon Boulevard

Address

Coral Gables, Florida 33134

City/State and Zip Code

jyelen@yelen-yelen.com

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

For further information concerning this matter, please call:

Jan A. Yelen

305 445-3721
at ()

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

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NANDO OVERSEAS LLC

Page 1 of 3

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>
MGRM	NANDO OVERSEAS CORP.	Wickmans Cay, P.O. Box 985	<input type="checkbox"/> Add
		Road Town To VG 112-0 BV	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	LUZEEN OVERSEAS LTD.	Pasca Estate	<input checked="" type="checkbox"/> Add
		Road Town, Tortola, BV	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Lined area for amending information.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

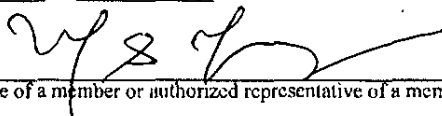
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 October 30th, 2015



Signature of a member or authorized representative of a member

Milerbi Vega

Typed or printed name of signee