L09000032619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 27 2009
J. BRYAN

MAY - 6 2009
EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: NU' SKYWARD CONSTRUCTION, 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:

FRANK ROBINSON JR.
(Name of Person)

NU' SKYWARD CONSTRUCTION,LLC
(Firm/Company)

705 NORTH INGRAHAM AVE. STE#14
(Address)

HAINES CITY, FLORIDA 33844
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

TRYPHENIA SONNYLAL at (863) 216-4205
(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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 28, 2009

FILED
09 MAY -5 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FRANK ROBINSON JR.
NU' SKYWARD CONSTRUCTION, LLC
705 NORTH INGRAHAM AVE. STE #14
HAINES CITY, FL 33844

SUBJECT: NU-SKYWARD CONSTRUCTION LLC
Ref. Number: L09000032619

We have received your document for NU-SKYWARD CONSTRUCTION LLC and your check(s) totaling $30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 009A00014245

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
09 MAY -5 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NU' SKYWARD CONSTRUCTION, 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 APRIL 3RD, 2009 and assigned Florida document number L09000032619.

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)

705 NORTH INGRAHAM AVE. STE#14
HAINES CITY, FLORIDA 33844

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

705 NORTH INGRAHAM AVE. STE#14
HAINES CITY, FLORIDA 33844

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

Title	Name	Address	Type of Action
MGRM	DARRELL SIRMONS	188 ALBANY DR KISSIMMEE, FL 34759	☑ Add ☐ Remove
MGRM	BRUCE DAVIS	613 SOUTH 16TH ST HAINES CITY,FL 33844	☑ Add ☐ Remove
MGRM	FRANK ROBINSON JR	9 TUNA LANE KISSIMMEE, FL 34759	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

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TALLAHASSEE, FLORIDA

Dated _____.

F. Robinson Jr.
Signature of a member or authorized representative of a member

Frank Robinson Jr.
Typed or printed name of signee

Filing Fee: $25.00