

#

L09000049226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

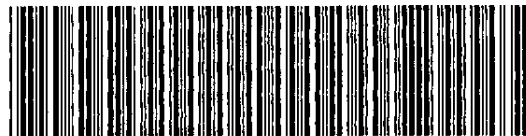
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

CORRECTION TO DOC PER
CONVERSATION WITH NANCY BOYLE
3/23/2011 KS

Office Use Only



500192269635

01/31/11--01010--011 **35.00

FILED
11 MAR 18 PM 1:47
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
MAR 23 2011



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2011

NB & LC ASSOCIATES LLC
NANCY BOYLE
4235 BRANDON DRIVE
DELRAY BEACH, FL 33445

SUBJECT: NB & LC ASSOCIATES LLC
Ref. Number: L09000049226

We have received your document for NB & LC ASSOCIATES 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) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 511A00002835

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NB & LC ASSOCIATES 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:

NANCY BOYLE.

Name of Person

NB & LC ASSOCIATES LLC.

Firm/Company

4235 BRANTON DRIVE

Address

DELRAY BEACH FL 33445

City/State and Zip Code

NANCYB42@YAHOO.COM.

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

For further information concerning this matter, please call:

NANCY BOYLE

Name of Person

at (561) 352-1697

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**

NB & LC ASSOCIATES LLC.

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

FILED
11 MAR 18 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on MAY 20, 2009 and assigned Florida document number LO9000049226.

This amendment is submitted to amend the following:

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

NANCY B. & ASSOCIATES. 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)

PO BOX 8392
DELRAY BEACH
FLORIDA 33482.

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>
MGRM	NANCY BOYLE		<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	LAURIE COOPER.	5372 SUNRISE BLVD DELRAY BEACH FL 33489	<input type="checkbox"/> Add <input checked="" 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

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

Dated _____

Signature of a member or authorized representative of a member

NANCY BOYLE

Typed or printed name of signee