

L0910000056148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

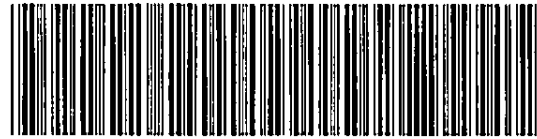
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NPEE, L.C. L09000056148
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:

David S. Willig

Name of Person

David S. Willig, Chartered

Firm/Company

2837 SW 3rd AVE

Address

Miami, FL 33129

City/State and Zip Code

dswillig@aol.com

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

For further information concerning this matter, please call:

David S. Willig

Name of Person

at (305) 860-1881

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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AMENDED ARTICLES OF ORGANIZATION

NPEE, L.C.

ARTICLE I – Name:

The name of the Limited Liability Company is:

NPEE, L.C.

ARTICLE II – Address:

The mailing address and street address of the principal office of the limited Liability Company is:

Principal Office Address:

Hialeah, FL

Mailing Address:

Hialeah, FL

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

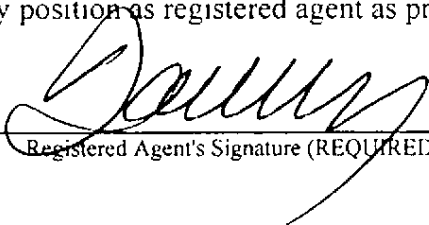
_____David S. Willig_____
Name

_____2837 SW 3rd AVE_____
Florida street address

_____Miami, FL 33129_____
City, State, and Zip

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Having been named as registered agent and to accept service of process for the above state limited liability company at the place designated in this certificate, 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 relating 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.

__________
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE V-Manager(s) or Managing Member(s):

The Company is a Manager-managed company. The name and address below is the Manager, who shall serve until a successor is chosen, unless the manager at an earlier time resigns, is removed, or dies or, in the case of a manager that is not an individual, terminates.

Title:

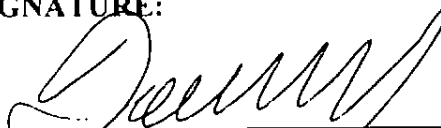
Manager

Name and Address:

Andrew Serafine
451 East 10th Court
Hialeah, FL 33010

ARTICLE V: Effective date. If other than the date of filing: __Date of Filing

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

____ David S. WILLIG, Attorney-Agent
Typed or printed name of signee

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