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COVER LETTER

Division of Corporations NUBEGIN PRESS, LLC SUBJECT: 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: Violet Wright Name of Person Firm/Company 9609 Mockingbird Trail Address Jupiter, FL 33478 City/State and Zip Code vwjunerose@att.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Violet Wright 954 552-9855 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **■ \$25.00** Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nubegin Press, LLC	70	
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	ريد چورچ
The Articles of Organization for this Limited Liability Company were fi Florida document number	led on O7/30/2009 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co	mpany here:	
Nubegin Press & Loft, LLC		
The new name must be distinguishable and contain the words "Limited Liability Com	pany," 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)		
B. If amending the registered agent and/or registered office address	on our records, anter the name of the new regi	ctoro
agent and/or the new registered office address here:	on our records, enter the name of the new regi	stere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
Cit	y Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete perfor accept the obligations of my position as registered agent as provide being filed to merely reflect a change in the registered office address company has been notified in writing of this change.	mance of my duties, and I am familiar with and red for in Chapter 605, F.S. Or, if this document	i

If Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
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If an effecti <u>Note:</u> If t	date, if other than we date is listed, the dat the date inserted in the s effective date on t	te must be specific his block does no	ling: and cannot be pric ot meet the appli	icable statutory fil		ter filing.) Pursuant to	
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e record sp	pecifies a delayed eff	Tective date, but	not an effective	time, at 12.01 a.n	n. on the earlier of:	(b) The 90th day a	iner me
e record sp rd is filed.		Tective date, but	2020		n. on the earlier of:	(b) The 90th day a	arer me
e record sp rd is filed.		Tective date, but	2020 May	R. L		(b) The 90th day a	
e record sp rd is filed.		L W	2020 May	horized representati		(b) The 90th day a	-

Filing Fee: \$25.00