

L10000032052

(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:

Office Use Only



900243452349

01/11/13--01006--025 \*\*30.00

FILED

2013 JAN 11 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

JAN 14 2013  
D. BRUCE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: A AALERT CONTRACTING SERVICES 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:

**MONIQUE WILLIAMS**

Name of Person

**NIQO DEVELOPMENT LLC**

Firm/Company

**6727 S. LOIS AVENUE APT#404**

Address

**TAMPA FL 33616**

City/State and Zip Code

**MOLAWILLIAMS@GMAIL.COM**

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

**FILED**  
2013 JAN 11 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE FL

For further information concerning this matter, please call:

**MONIQUE WILLIAMS**

Name of Person

at ( **786** ) **286-9946**

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**

**A AALERT CONTRACTING SERVICES 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 03/24/2010 and assigned  
Florida document number L10000032052.

This amendment is submitted to amend the following:

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

NIQO DEVELOPMENT 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)

2516 W. KNOLLWOOD ST.

TAMPA FL 33614

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 360146

TAMPA FL 33673

FILED  
2010 JAN 11 PM 3:51  
TALLAHASSEE  
FLORIDA  
SECRETARY OF STATE

**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:

MONIQUE WILLIAMS

New Registered Office Address:

2516 W. KNOLLWOOD ST.

*Enter Florida street address*

TAMPA

*City*

Florida 33614

*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, hereby confirm that the limited liability company has been notified in writing of this change.*

*(Signature)*  
**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>
<u>P</u>	<u>MONIQUE WILLIAMS</u>	<u>2516 W. KNOLLWOOD ST.</u>	<input checked="" type="checkbox"/> Add
		<u>TAMPA FL 33614</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>MONIQUE WILLIAMS</u>	<u>6727 S. LOIS AVENUE APT#404</u>	<input type="checkbox"/> Add
		<u>TAMPA FL 33616</u>	<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

FILED  
JAN 1 PM 2:25  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

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

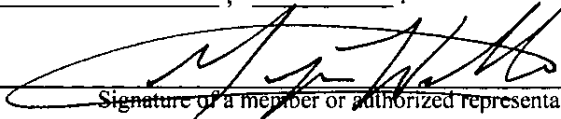
---

---

---

---

Dated JANUARY 8th, 2013



Signature of a member or authorized representative of a member

MONIQUE WILLIAMS

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

**FILED**  
2013 JAN 11 PM 2:51  
CLERK OF STATE  
TALLAHASSEE FLORIDA