

L1000000 71390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

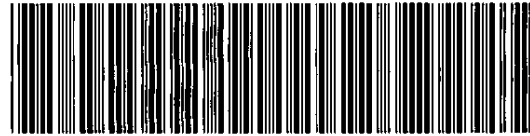
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300183952903

Recheck.

~~08/11/10--01005--010 **35.00~~

09/16/10--01004--002 **80.00

FILED
10 SEP 15 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W

J. BRYAN

SEP 16 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 17, 2010

VIOLET WRIGHT
NUBEGIN ENTERPRISES LLC
6151 MIRAMAR PARKWAY, SUITE 310
MIRAMAR, FL 33023

SUBJECT: NUBRGIN ENTERPRISES, LLC
Ref. Number: L10000071390

FILED
10 SEP 15 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for NUBRGIN ENTERPRISES, 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):

You completed the wrong form

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 410A00019700



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 30, 2010

NUBRGIN PRESS, LLC
6151 MIRAMAR PARKWAY, STE. 310
MIRAMAR, FL 33023

SUBJECT: NUBRGIN ENTERPRISES, LLC
Ref. Number: L10000071390

FILED
10 SEP 15 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Memo #: 00988-A

This letter is to inform you that your check number 2006 for \$35.00, which was dated August 2, 2010 and submitted for NUBRGIN ENTERPRISES, LLC has been returned to us by your bank because of NON-SUFFICIENT FUNDS.

We are notifying you because our records indicate that the paperwork for NUBRGIN ENTERPRISES, LLC has not been filed and was returned to you because of deficiencies in the document. If you send the document back to us to be filed, be sure to enclose a cashier's check or money order in the amount of ~~\$50.00~~ \$50.00, as we cannot take credit card information over the phone. This will cover the unpaid check and also the service fee required by law under section 215.34, Florida Statutes.

When sending the cashier's check or money order, please indicate that it is a replacement for the returned check mentioned above. Also, please include in your response the Debit Memo number given above. Send your response to:

Division of Corporation
Attn: JOEY BRYAN
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions you may contact me at (850) 245-6900.

Michelle Milligan
Administrative Assistant II
Bureau of Commercial Recording

Letter Number: 110A00020699

NUBEGIN ENTERPRISES

Ph 954-966-6467 / Fx 305-974-4191
6151 Miramar Pkwy // Suite 310 // Miramar, FL 33023

Division of Corporations
Attention: Joey Bryan
P.O. Box 6327
Tallahassee, FL
RE: Memo #: 00988-A

Enclosed please find completed forms for the Amendment to Nubegin Enterprises. The \$50.00 fee is submitted as a replacement check plus \$30.00 for a certified copy.

Sincerely,
Violet Wright

FILED
10 SEP 15 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Nubrgin Enterprises, 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:

Violet L Wright

Name of Person

Nubegin Enterprises, LLC

Firm/Company

6151 Miramar Parkway, Suite 310

Address

Miramar, FL 33023

City/State and Zip Code

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

For further information concerning this matter, please call:

Violet Wright

Name of Person

at (305)

974-4191

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

FILED
10 SEP 15 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Nubrgin Enterprises, 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 July 06, 2010 and assigned
Florida document number L10000071390.

FILED
10 SEP 15 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

NUBEGIN ENTERPRISES, 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)

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>
_____	_____	_____	<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

_____	_____	_____	<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

Violet Wright

Typed or printed name of signee

FILED
10 SEP 15 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA