

L10000112387

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000286097 3)))



H130002860973ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : TAX PLACE
Account Number : I20100000011
Phone : (954) 369-4444
Fax Number : (954) 369-4446

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please**

Email Address: _____

FILED
 13 DEC 30 AM 8:02
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

RECEIVED
 13 DEC 30 AM 9:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NGM REMODELING, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

DEC 31 2013

Electronic Filing Menu

Corporate Filing Menu

Help

P

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

NGM REMODELING, 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 10/28/2010 and assigned
Florida document number L10000112387

This amendment is submitted to amend the following:

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

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)

13 DEC 30 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRM	NATALIA MOTA	2745 W HILLSBORO BLVD	<input checked="" type="checkbox"/> Add
		DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Remove
MGRM	WRONG NAME AGNALDO G FERREIRA	2745 W HILLSBORO BLVD	<input type="checkbox"/> Add
		DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3 DEC 30 AM

8 PM

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

E. Effective date, if other than the date of filing: 12/30/2013 (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated DECEMBER 30TH, 2013

* Carlos B. Ferreira
Signature of a member or authorized representative of a member
Aguinaldo G. Ferreira
Typed or printed name of signer

Page 3 of 3

FILED
13 DEC 30 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA