

L10000112387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

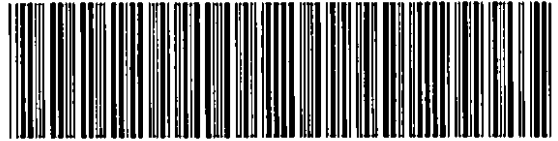
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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18 AUG 31 PM 4:26

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FEB 14 2018  
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NS  
2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 7, 2018

RENATA ALCANTARA  
3803 NW 7TH PL  
DEERFIELD BEACH, FL 33442

SUBJECT: NGM REMODELING, LLC  
Ref. Number: L10000112387

We have received your document for NGM REMODELING, 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):

The form you submitted is for a CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 518A00016264

2018 AUG 31 10:10:53

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NGM REMODELING, 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:

RENATA ALCANTARA

\_\_\_\_\_  
Name of Person

ACCOUNTING PLUS PROFESSIONAL SERVICES, INC

\_\_\_\_\_  
Firm/Company

3803 NW 7TH PL

\_\_\_\_\_  
Address

DEERFIELD BEACH, FL 33442

\_\_\_\_\_  
City/State and Zip Code

RENATAALC@HOTMAIL.COM

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

For further information concerning this matter, please call:

RENATA ALCANTARA

954

913-1520

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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**

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:**

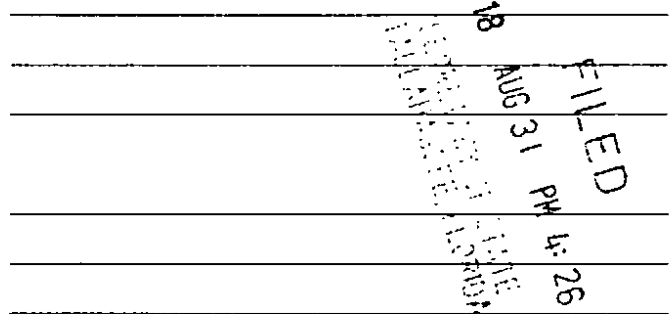
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**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:

AGNALDO G FERREIRA

New Registered Office Address:

170 E HILLSBORO BLVD

*Enter Florida street address*

DEERFIELD BEACH

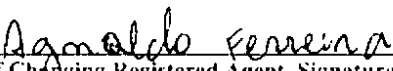
*City*

Florida 33441

*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 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>	<u>Address</u>	<u>Type of Action</u>
MGRM	KLEIDIR C DE OLIVEIRA JR	170 E HILLSBORO BLVD	<input type="checkbox"/> Add
		DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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APR 31 2014  
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CLERK OF COURT  
JANET L. HARRIS

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

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AUG 31 PM 4:26  
18  
U.S. DISTRICT COURT  
SOUTHERD DISTRICT OF CALIFORNIA

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated August, 14 2018

Aginaldo Ferreira  
Signature of a member

Signature of a member or authorized representative of a member

AGNALDO FERREIRA

Typed or printed name of signee