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(City/State/Zip/Phone #)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 25, 2015

NOEL SEPULVEDA  
12048 SHERINGTON PL  
GROVELAND, FL 34736

SUBJECT: NSAI & ASSOCIATES CONSULTANTS, LLC  
Ref. Number: L11000005379

We have received your document for NSAI & ASSOCIATES CONSULTANTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 015A00005937

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: NSAI & Associates Consultants, 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:

Noel Sepulveda

Name of Person

NSAI & Associates Consultants, LLC

Firm/Company

12048 Sherington PL

Address

Groveland FL 34736

City/State and Zip Code

noesep1@verizon.net

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

For further information concerning this matter, please call:

Noel Sepulveda

at ( 352 ) 429-3728

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: NSAI & Associates Consultants, 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:

**Noel Sepulveda**

Name of Person

**NSAI & Associates Consultants, LLC**

Firm/Company

**12048 Sherington PL**

Address

**Groveland FL 34736**

City/State and Zip Code

**noesep1@verizon.net**

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

For further information concerning this matter, please call:

**Noel Sepulveda**

at (

**352**

**429-3728**

Area Code

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☐ \$30.00 Filing Fee &  
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(additional copy is enclosed)

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Certified Copy  
(additional copy is enclosed)

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Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

NSAI & Associates Consultants, 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 Jan 1, 2011 and assigned  
Florida document number L11000005379.

This amendment is submitted to amend the following:

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

NSAI Dog Training & Consulting, 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*

*City*

**Florida**

*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**

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

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**E. Effective date, if other than the date of filing:** April 1, 2015 **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 5, 2015

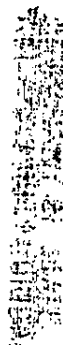
Noel Sepulveda

Signature of a member or authorized representative of a member

Noel Sepulveda

Typed or printed name of signee

Page 3 of 3  
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