

L11000016317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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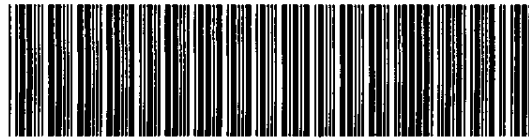
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 26 PM 12:24

T. HAMPTON

MAY 27 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nationwide Home Rescue 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:

Kareem Neverson
Name of Person

Nationwide Home Rescue LLC
Firm/Company

1515 Ledgestone DR
Address

BRANDON FL 33511
City/State and Zip Code

nationwide.homerescue@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kareem Neverson at (813) 504-1716
Name of Person Area Code & Daytime Telephone Number

Kareem Neverson

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 MAY 26 PM 12:24

Nationwide Home Rescue 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 February 7, 2011 and assigned Florida document number L11000016317.

This amendment is submitted to amend the following:

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

No change to name

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)

- Ledgestone Dr
1515 Ledgestone Dr
Brandon FL 33511

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

- 1515 Ledgestone Dr
Brandon FL 33511

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:

- Neverson
Kulorn A. Neverson

New Registered Office Address:

- 1515 Ledgestone Dr. A
Brandon, Florida 33511
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.

- Kulorn A. Neverson
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

Title	Name	Address	Type of Action
MGRM	Thomas Bankosz	9115 Egret Cove Circle Riverview FL 33578	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
- MGRM	Kareem Nevenson	1575 Ledgestone DR Branford FL 3354	<input checked="" 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 _____, _____.

Thomas Bankosz - Kareem Nevenson
 Signature of a member or authorized representative of a member

Thomas Bankosz - Kareem Nevenson
 Typed or printed name of signee

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