

L11000059630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

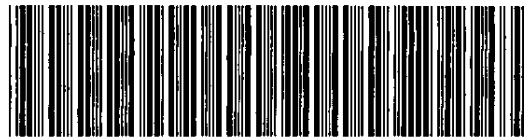
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13 NOV 12 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/14/2013

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: NEECO 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:

**KAREL CABART**

Name of Person

**USCORP LLC**

Firm/Company

**351 WEST VENICE AVENUE**

Address

**VENICE, FLORIDA 34285**

City/State and Zip Code

**cabart@uscorp LLC.com**

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

For further information concerning this matter, please call:

**KAREL CABART**

Name of Person

at ( **941** ) **483 6195**

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**

**NEECO 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 \_\_\_\_\_ and assigned  
Florida document number L11000059630.

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)**

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		TALLAHASSEE, FLORIDA

**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>
MGRM	LUDMILA HORNIKOVA	CS. ARMADY 676	<input type="checkbox"/> Add
		CHRUDIM 3, 53700	<input checked="" type="checkbox"/> Remove
		CZECH REPUBLIC	
MGRM	DAVID PATEK	TOBRUCKA 709	<input checked="" type="checkbox"/> Add
		PRAHA 6, 16000 VOKOVICE	<input type="checkbox"/> Remove
		CZECH REPUBLIC	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

NOV 12 2011

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

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Dated 9/25, 2013



Signature of a member or authorized representative of a member

**KAREL CABART**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

**FILED**  
**13 NOV 12 AM 11:01**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**