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SECRETARY OF STATE APPAHASSEE, FLORIDA

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T. CLINE

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EXAMINER

COVER LETTER

TO:	Registration S Division of Co					
SUBJI	ECT:	N & A	Products, LLC			
,			ited Liability Company			
		f Amendment and fee(s) are su	•			
110030	i ottarri uri oorresj	condense concerning this mate	is to the following.			
Ama		Amazonas Lindauer				
			Name of Person		•	
			N & A Products, LLC			
F			Firm/Company			
540 Sherburn Court Address Orlando, FL 32828 City/State and Zip Code			540 Sherburn Court			
			Address		georg)	
				2011 NOV 14 SEGRETARY ALLAHASSE	9°4°4	
			•		AZ AZ	***
		lindauer@bellsouth.net E-mail address: (to be used for future annual report notification)				Line tables
For fur	ther information	concerning this matter, please	•	,	PH 1: 20 OF STATE S. FLORID.	1
	Ama	zonas Lindauer	at (407)	382-2818	NTE NOA	
	Name	of Person	Area Code & Day	ytime Telephone Number	<u> </u>	
Enclose	ed is a check for t	the following amount:				
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	osed) Certified	te of Status &	
MAILING ADDRESS: Registration Section		STREET/COU	URIER ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

N & A Proc	ducts, LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	i <mark>ny as it now appears on our records.</mark>) Liability Company))			
The Articles of Organization for this Limited Liability Company	were filed onJune 8, 2011	1 and assigned			
Florida document numberL11000066817					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
	2.11.12. 0	w.com at the co			
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the designation	n "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	540 Sherburn Court	aa a m			
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32828	SSET F			
	-	ORDER -			
Enter new mailing address, if applicable:	540 Sherburn Court Orlando, FL 32828				
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered of		er the name of the new			
registered agent and/or the new registered office address her	<u>e</u> :				
Name of New Registered Agent:					
New Registered Office Address:	Entar Florida atreat	addrans			
Enter Florida street address					
	, Florida	Zip Code			
	,	2.0000			

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 **Title** <u>Address</u> **Type of Action** <u>Name</u> Padron de Padrino, Neryana **MGRM** 204 HANGING MOSS DRIVE ✓ Remove OVIEDO FL 32765 US ☐ Add ☐ Remove ☐ Add ☐ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 6 2011 Dated_ Signature of a member or authorized representative of a member Amazonas Lindauer

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00