

L11000102692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

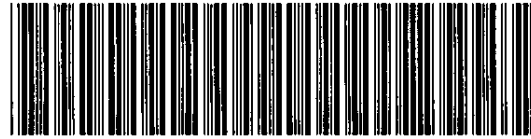
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200263386222

08/18/14--01023--019 \*\*30.00

FILED  
14 SEP - 5 PM 1:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP - 8 2014

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **Nockler Remodeling & Carpentry 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:

**Matthew E. Nockler**

Name of Person

**Nockler Remodeling & Carpentry LLC**

Firm/Company

**6441 Stanwin Dr.**

Address

**Apopka FL 32712**

City/State and Zip Code

**NocklerRemodeling@Live.com**

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

For further information concerning this matter, please call:

**Matthew E. Nockler**

Name of Person

at ( **321** ) **388-3301**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 20, 2014

MATTHEW E NOCKLER  
6441 STANWIN DR  
APOPKA, FL 32712

SUBJECT: NOCKLER REMODELING & CARPENTRY, LLC.  
Ref. Number: L11000102692

We have received your document for NOCKLER REMODELING & CARPENTRY, LLC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return 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.

Teresa Brown  
Regulatory Specialist II

Letter Number: 114A00017949

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Nockler Remodeling & Carpentry, LLC.

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
14 SEP -5 PM 1:45  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 9/8/11 and assigned  
Florida document number L11000102692.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	Brandon Diviaio	2833 Salisbury Blvd	<input checked="" type="checkbox"/> Add
		Winter Park, FL 32789	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

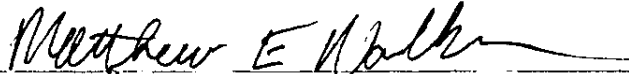
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 August 12, 2014



Signature of a member or authorized representative of a member

Matthew E. Nockler

Typed or printed name of signee