L11000144524

(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:
Originally filed under #L16000135931 in error on part of this office. mmilligan/12-9-2016





900290933429

10/27/16--01017--020 **25.00

OCT 2 8 2016 S. YOUNG TALLAHASSEE, FLORIDA

COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration Se Division of Cor			
SUBJE		idenstein LLC		
SOBIL		Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Todd Neville		
			Name of Person	
		Neville Assurance & Acco	ounting LLC	ر م
			Firm/Company	
		5 Arredondo Ave.		CT 2
			Address	
		St. Augustine, FL 32080		16 OCT 27 PM 4:
		tneville@nevillewainio.con	City/State and Zip Code	
		-	to be used for future annual report notification	ation)
For furth	ner information co	oncerning this matter, please ca	all:	
Todd N	eville		904 586-0048 at ()	
	Name o	f Person		elephone Number
Enclosed	d is a check for th	ne 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)
	Registr	ING ADDRESS: ation Section	STREET/COURIED Registration Section Division of Corporati	

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

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

Neville Breidenstein LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L16000135931	were filed on December 28, 2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Neville Assurance & Accounting LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	5 Arredondo Ave.	9 38
(Principal office address MUST BE A STREET ADDRESS)	St. Augustine, FL 32080	7 2
		- mo
Enter new mailing address, if applicable:	5 Arredondo Ave.	74 F. 077
(Mailing address MAY BE A POST OFFICE BOX)	St. Augustine, FL 32080	8
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	****	ne name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	
	City	mpany here: bany," the designation "LLC" or the abbreviation "LLC" or
New Registered Agent's Signature, if changing Registered Agent:		

N

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 Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = N AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		·	Add
			☐ Remove
			Change
			□ Add OCHE ASSEE, FLOWER 27 □ Change 1: 38
			Change
			Remove
			□ Change
			Add
			Remove
			□ Change
			Add
			Remove
			Add
			□ Remove
			□ Change

				<u>-</u>		
	<u> </u>	<u>.</u>				
						
					<u> </u>	
						PEG
					16 OCT 27	元代
		·			2	355
					C) 0 }
Note: If the	date, if other than the date date is listed, the date must be the date inserted in this block is effective date on the Depart	does not meet the ap	oplicable statutory fi	(option r more than 90 days after ling requirements, this	filing.) Pursuant to 605.00 date will not be listed	207 (3)(i as the
	d specifies a delayed ef th day after the record		t not an effectiv	e time, at 12:01 a	.m. on the earlier	of:
Dated	10/24/1	6	· ·			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00