

U200005431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

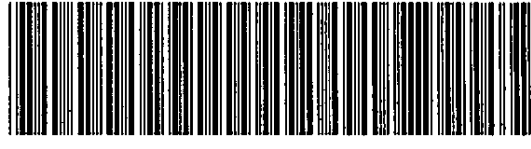
(Document Number)

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16 JUN -6 PM 3:23

JUN 22 2016  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2016 JUN 22 PM 1:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

June 7, 2016

KENNYA L NAGID  
2931 HIDDEN HOLLOW LANE  
DAVIE, FL 33328

SUBJECT: NAGID HOLDINGS LLC  
Ref. Number: L12000005431

We have received your document for NAGID HOLDINGS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 516A00011994

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TALLAHASSEE, FLORIDA  
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Nogid Holdings 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:

Kennya Lucia Nogid  
Name of Person

Nogid Holdings LLC  
Firm/Company

2931 Hidden Hollow Lane  
Address

Dozier FL 33328  
City/State and Zip Code

Kennya.nogid@gmail.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Chen Nogid at (786) 325 9981  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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SECRETARY OF STATE  
TALLAHASSEE, FL  
16 JUN -6 PM 3:23

TO  
ARTICLES OF ORGANIZATION  
OF

Nagids Holdings 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 L 12000005431.

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 contain 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:

Kennya Lucia Nagid

New Registered Office Address:

2931 Hidden Hollow Lane

Enter Florida street address

Dove

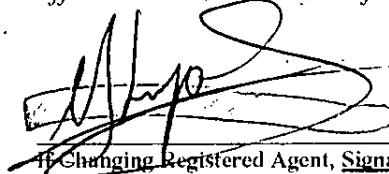
City

Florida 33328

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**

or removed from our records:

MGR = Manager  
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Konnya Lucia Noyid	2931 Hidden Hollow Ln Dorie FL 33328	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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16 JUN - 6 PM '23  
STREET LIGHTS  
1450 17th St  
1450 17th St  
1450 17th St

Lined area for filing details.

FILED  
JUL 10 2016  
10 JUL - 6 PM 3:23

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated June 3, 2016.

[Signature]  
Signature of a member or authorized representative of a member

Chen Nagid  
Typed or printed name of signee