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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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J. Shivers FEB 24 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **NELLIE HOMES 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:

**MICHAEL GRAHAM**

Name of Person

**3HL ACCOUNTANTS**

Firm/Company

**8461 LAKE WORTH RD**

Address

**LAKE WORTH, FL 33467**

City/State and Zip Code

**MGRAHAM@3HLACCOUNTANTS.COM**

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

For further information concerning this matter, please call:

**MICHAEL GRAHAM**

Name of Person

at **561 209-6010**

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

NELLIE HOMES

Page 1 of 3

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>
MGRM	ANNELIESE SCHULZE	335 SW 10TH AVE	<input type="checkbox"/> Add
		BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Remove
MGR	DANIELA STOFLETH	335 SW 10TH AVE	<input checked="" type="checkbox"/> Add
		BOYNTON BEACH, FL 33435	<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

16 FEB 21 10 10 AM '20  
MILWAUKEE COUNTY  
CLERK OF COURT

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

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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 \_\_\_\_\_, \_\_\_\_\_.

X *Danila Stofels*

Signature of a member or authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signee

14 FEB 21 3:10:20  
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SECRETARY OF STATE