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J. SHIVERS FEB 2 4 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

_{at} 561, 209-6010

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NELLIE HOMES					
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records. la Limited Liability Company)	<u>.</u>)			
The Articles of Organization for this Limited Liability	Company were filed on 5/25/2012		and assigned		
Florida document number L12000070961	·				
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 end with the words "L	imited Liability Company," the designation "LLC	" or the abbrev	riation "L.L.C."		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD	<u>RESS)</u>				
		<u> </u>	<u> </u>		
		*:	r.il		
Enter new mailing address, if applicable:		1+1 ₂ 1 ₆ 1.2			
(Mailing address MAY BE A POST OFFICE BOX)			.i		
		F-1;	- 122 -5 8222		
		No.	2		
B. If amending the registered agent and/or regi	stered office address on our records,	enter the	name of the		
registered agent and/or the new registered office add	<u>iress here</u> :				
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address				
	, Flor		p 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> **Name** <u>Address</u> **Type of Action** 335 SW 10TH AVE MGRM ANNELIESE SCHULZE □ Add BOYNTON BEACH, FL 33435 Remove 335 SW 10TH AVE MGR DANIELA STOFLETH Add **BOYNTON BEACH, FL 33435** □ Add □ Remove ☐ Remove □ Add ☐ Remove ☐ Add ☐ Remove

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Page 3 of 3

Filing Fee: \$25.00