

4/13/2021

Division of Corporations

H210001475643

L12000009930

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BOND, SCHOENECK & KING, PLLC
Account Number : 120010000122
Phone : (239)659-3800
Fax Number : (239)649-3410

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Email Address: PLUNDBORG@BSK.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NORRIS ADINA DESIGN, LLC

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Corporate Filing Menu

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COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: NORRIS ADINA DESIGN, 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:

Pamela Lundborg, Esq.

Name of Person

Bond, Schoeneck and King, PLLC

Firm/Company

4001 Tamiami Trail N Ste. 105

Address

Naples, FL 34103

City/State and Zip Code

plundborg@bsk.com

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

For further information concerning this matter, please call:

Pamela Lundborg

239 659-3868
at ()
Area Code Daytime Telephone Number

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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NORRIS ADINA DESIGN, 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 July 11, 2012 and assigned
Florida document number L12000089932

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 "LLC."

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:

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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	FABIANA KIVILEVIC	15930 OLD 41 RD N	<input type="checkbox"/> Add
		SUITE 420	<input checked="" type="checkbox"/> Remove
		Naples, FL 34110	<input type="checkbox"/> Change
MGR	Jose L. Lairet	15930 OLD 41 RD N	<input type="checkbox"/> Add
		SUITE 420	<input checked="" type="checkbox"/> Remove
		Naples, FL 34110	<input type="checkbox"/> Change
MGR	US Group Enterprises, Inc.	15930 OLD 41 RD N	<input type="checkbox"/> Add
		SUITE 420	<input type="checkbox"/> Remove
		Naples, FL 34110	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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2021 APR 13 PM 4:46
SAC, NEW YORK
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DEPT. OF JUSTICE
NEW YORK

E. Effective date, if other than the date of filing: _____ (optional)

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), this data will not be listed as the

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 06 APR 11 2021

Signature of a member or authorized representative of a member

Jose L. Laird, authorized representative

Typed or printed name of signee

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Filing Fee: \$25.00