

L12000094935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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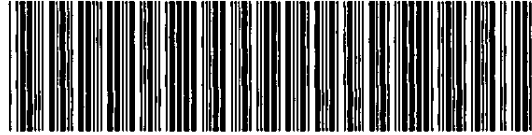
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE FLORIDA

MAY 29 2015
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VALERIE NIPPER CLEANING, 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:

VALERIE NIPPER THORNTON
Name of Person

VALERIE NIPPER CLEANING, LLC
Firm/Company

2130 NW 31ST AVE, N-7
Address

GAINESVILLE, FL. 32605
City/State and Zip Code

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

For further information concerning this matter, please call:

VALERIE NIPPER THORNTON at (352) 219-8388
Name of Person Area Code Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 MAY 28 PM 4:18

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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

**TO
ARTICLES OF ORGANIZATION
OF**

VALERIE NIPPER CLEANING, 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 7/26/2012 and assigned
Florida document number L12000096935

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)

2130 NW 31ST AVE, N-7
GAINESVILLE, FL. 32605

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2130 NW 31ST AVE, N-7
GAINESVILLE, FL. 32605

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:

VALERIE NIPPER THORNTON

New Registered Office Address:

2130 NW 31ST AVE, N-7

Enter Florida street address

GAINESVILLE, Florida 32605

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.

Valerie Nipper Thornton

If Changing Registered Agent, Signature of New Registered Agent

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	VALERIE NIPPER THORNTON	2130 NW 31 ST AVE, N-7 GAINESVILLE, FL 32605	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
	VALERIE NIPPER		<input checked="" type="checkbox"/> Change
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SECRETARY OF STATE
TALLAHASSEE FLORIDA
MAY 15 2015
MAY 28 2015
MAY 4 2015

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

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.

Dated

5/25/15
Valerie Skipper Thornton
Signature of a member or authorized representative of a

Signature of a member or authorized representative of a member

VALERIE NIPPER THORNTON

Typed or printed name of signee