

L12000115256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

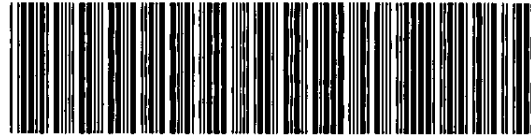
L12-115256

(Document Number)

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FILED
14 JUN 19 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 06 2014
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nu Lyfe Relocation, LLC
Name of Limited Liability Company

FILED
14 JUN 19 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following.

B'Laun Green

Name of Person

Nu Lyfe Relocation, LLC

Firm/Company

811 NW 33 Terrace

Address

Fort Lauderdale, FL 33311

City/State and Zip Code

kieauriw@gmail.com

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

For further information concerning this matter, please call:

B'laun Green

Name of Person

at (954) 548-4252

Area Code

Daytime Telephone Number

Enclosed is a check for the

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NU Lyfe Relocation 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:

FILED
14 JUN 19 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Blaun G. Howard
Name of Person

NU Lyfe Relocation LLC
Firm/Company

811 NW 33 ter
Address

Fort Lauderdale FL 33311
City/State and Zip Code

Klewin@9mail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Blaun G. Howard at (904) 548-4252
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

NU LYFE Relocation 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 L1211525

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 "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:

Diana Green

New Registered Office Address:

811 NW 33rd

Enter Florida street address

Fort Lauderdale, Florida 33311

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.

Diana Green

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Blawn Harvard	8110w 33ter	<input checked="" type="checkbox"/> Add
		Fort Lauderdale FL 33311	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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Add
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FILED

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

Four horizontal lines for amending information.

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 _____, _____

Blair Howard
Signature of a member or authorized representative of a member

Blair Howard
Typed or printed name of signer

FILED
14 JUN 19 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 26, 2014

B'LAUN GREEN
811 NW 33 TERRACE
FORT LAUDERDALE, FL 33311

SUBJECT: NU LYFE RELOCATION LLC
Ref. Number: L12000115256

We have received your document for NU LYFE RELOCATION 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 enclosed document(s) does/do not meet our filing requirements. Therefore, we are enclosing our appropriate form(s) and/or instructions.

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.

Agnes Lunt
Regulatory Specialist II

Letter Number: 414A00013964

FILED
14 JUN 19 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FL 32309