113000017646

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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COVER LETTER

	NANO ME	. I. C		
SUBJECT:	NANO ME		5. 17.1.15. 0	
		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fcc(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Scott M. Campbell		
			Name of Person	
		Clark Partington		
			Firm/Company	
		4100 Legendary Dr, Ste 20	00	
			Address	
		Destin, FL 32541		
		scampbell@clarkpartington	City/State and Zip Code	
		E-mail address: (to be used for future annual report notific	cation)
For further in	nformation c	oncerning this matter, please co	all:	
Scott M. Car	mpbell		850 650-3304 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
⊠ \$25.00 F	iling 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

NANO ME, LLC			
(Name of the Lin	nited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited	Liability Compa	any were filed on 2/4/2013	and assigned
Florida document number L13000017646	<u> </u>		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited l	liability company here:	
NANO MEG, LLC			
he new name must be distinguishable and contain the	words "Limited L	iability Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	Same	
Principal office address MUST BE A STRE	EET ADDRESS)	
Enter new mailing address, if applicable:		Same	
Mailing address MAY BE A POST OFFICE	E BOX)		
			75
			Eg 3
B. If amending the registered agent an			nter the name of the n
egistered agent and/or the new registered	office address	<u>here</u> :	SSS SS STATE
	Same		# 3 11
Name of New Registered Agent:	- Same		98 .
New Registered Office Address:		P. Classes II	RA
		Enter Florida street address	<i>-</i>
		, Florid	
		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

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>	Address	Type of Action
MGR	John Edwin Goodman, Jr	9344 Gwynn Hollow Cove	<u></u> ☑ Add
		Germantown, TN 38139	□ Remove
			Change
			□ Remove
			Change
			☐ Remove
			Change
			HASSEE
			CONTRACTOR DE LA CONTRA
			☐ Add
			Remove
			□ Change
			Add
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ote: If the date inserted in this b	lock does not i	meet the app	licable stat	utory filing	requirements.	this date	vill no	t be lis	sted as t
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June 14		2017							
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