## 13000028744

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B. BOSTICK

MAR - 1 2013

EXAMINER

## **COVER LETTER**

TO: Registration Section
Division of Corporations

Subject: Herbert, 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:

Nicolas Larsen

Name of Person

Herbert, LLC

Firm/Company

700 NE 25 st, unit 1702

Address

Miami, FL 33137

City/State and Zip Code

niclund@gmail.com

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

For further information concerning this matter, please call:

Nicolas Larsen

.,305**,333-3659** 

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)

Cartificate 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

Herbert, LLC			
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our record a Limited Liability Company)	<u>ds.</u> )	
(	······································		
The Articles of Organization for this Limited Liability	Company were filed on 02/26/2013	and a	issigned
Floridada 1 1300028744			
L13 0000387	144		
This amendment is submitted to amend the following:	,		
A. If amending name, enter the new name of the lin	mited liability company here:		
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Company," the designa	ation "LLC" or th	e abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	ORESS)		
		Ē. (	<u>ಪ</u>
Enter your malling address if applicable.		٠ سر	CD resume
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		<u> </u>
		r	<u> </u>
		2 To 1	2
B. If amending the registered agent and/or registered agent and/or the new registered office ad	istered office address on our records, <u>e</u> l <u>dress here</u> :	enter the>name	of the new
Name of New Registered Agent:		<del></del>	
New Registered Office Address:			
	Enter Florida street address		
	, Flori	ida Zip Co	nde
	City	$z_{ip} c_0$	iue

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 608, 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 Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member **Title** Name **Address Type of Action** Nicolas Lund-Larsen 700 NE 25 st 2002, Miami fl 33137 MGRM Remove Remove Remove Remove Remove

. If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	•
ated <u>C</u>	2.76-2013
	bigo P
	Signature of a member or authorized representative of a member
	DICOLAS LUND-LARSEN
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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