L13000039064

(Req	uestor's Name)	<u></u>
(Addı	ress)	
(Addi	ress)	
(City/	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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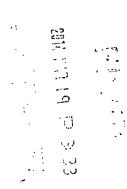
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03/21/14--01006--010 **25.00

EFFECTIVE DATE 03-19-14



B. BOSTICK
MAR **2** 5 2014

EX WILL I

COVER LETTER

TO: Registration Section
Division of Corporations

Nokomis Ventures, 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:

Andrew W. Rosin

Name of Person

Law Office of Andrew W. Rosin

Firm/Company

1966 Hillview Street

Address

Sarasota, Florida 34239

City/State and Zip Code

arosin@rosinlawfirm.com

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

For further information concerning this matter, please call:

Andrew W. Rosin

941 359-2604

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

Nokomis Ventures, LLC (Name of the Lim	ited Liability Comp. (A Florida Limited	any as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited I Florida document number L13000039064	Liability Company		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company here:	
N/A			
The new name must be distinguishable and end with the	words "Limited Lia	bility Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	28
(Principal office address MUST BE A STRE.	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	O C
(Mailing address MAY BE A POST OFFICE	(BOX)		· · ·
B. If amending the registered agent and registered agent and/or the new registered of			ur records, enter the name of the
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida	street address
	N/A		, 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

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 Address Type of Action Title <u>Name</u> Marson Group, Inc. 15 Paradise Plaza, Inc., Unit 301 MGR Sarasota, Florida 34239 _{■ Remove} □ Add □ Remove □ Add ☐ Remove □ Add

		Remove
	,	

03/19/2014	(optional)
of receipt or filed date and cannot be more tof State)	
2014	
mber or authorized representative of a mer	mber
	2014

Page 3 of 3

Filing Fee: \$25.00