

L13000060778

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(Business Entity Name)

(Document Number)

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FILED
2019 JUL -8 P 11 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 11 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEOMYYY DEVELOPMENT, 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:

Holly M. Nikolich, Esq.

Name of Person

Mika & Nikolich, P.A.

Firm/Company

1330 Main Street, 2nd Floor, Ofc 15

Address

Sarasota, FL 34236

City/State and Zip Code

holly@mnfirm.com

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

For further information concerning this matter, please call:

Holly M. Nikolich, Esq.

941

345-7941

at (_____) _____

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

FILED

NEOMYYY DEVELOPMENT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2013 JUL -8 P 32

The Articles of Organization for this Limited Liability Company were filed on 4/25/2013 and assigned Florida document number L13000060778

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:

786 South Orange Avenue

(Principal office address MUST BE A STREET ADDRESS)

Sarasota, FL 34236

Enter new mailing address, if applicable:

786 South Orange Avenue

(Mailing address MAY BE A POST OFFICE BOX)

Sarasota, FL 34236

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

Jerome S. Levin, Esq.

New Registered Office Address:

1444 1st Street, Suite A

Enter Florida street address

Sarasota

City

Florida 34236

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 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 attending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being a 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	DEVALD, YARON	1221 1st STREET, Sarasota, FL. 34236	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DOGGETT, DESIREE	786 South Orange Avenue, Sarasota, FL 34236	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HAETZNI, NADAV	786 South Orange Avenue, Sarasota, FL 34236	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

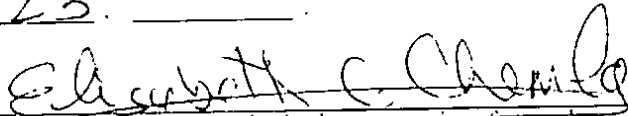
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated _____ 5.23. 2019



Signature of a member or authorized representative of a member

Elisabeth C. Chemia, sole Member

Typed or printed name of signer