

L13000138804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

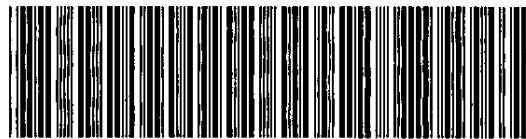
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/02/14--01019--007 **25.00

B. BOSTICK

MAY 29 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nommerz 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:

Rachel Kalman
Name of Person

Nommerz LLC
Firm/Company /

3841 W Hillsboro Blvd A202
Address

Coconut Creek FL 33073
City/State and Zip Code

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

For further information concerning this matter, please call:

Rachel Kalman at (954) 205 1883
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ paid \$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**

NOMMERZ, 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 10-1-13 and assigned
Florida document number L13000138804.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NOMMERZ LLC

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)

3841 W Hillisboro Blvd A202
Coconut Creek FL 33073

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3841 W Hillisboro Blvd A202
Coconut Creek FL 33073

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:

Rachel Kalman

New Registered Office Address:

3841 W Hillisboro Blvd A202

Enter Florida street address

Coconut Creek, FL 33073

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	Nicole Rubin	3841 W Hillsboro Blvd	<input checked="" type="checkbox"/> Add 201
		Coconut Creek FL 33073	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Change apt # from 20
to 202

E. Effective date, if other than the date of filing: 5-12-14 (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 5-12-14, _____

Signature of a member or authorized representative of a member

Kachei Kalman

Typed or printed name of signee

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 12, 2014

RACHEL KALMAN
3841 W. HILLSBORO BLVD. A202
COCONUT CREEK, FL 33073

SUBJECT: NOMMERZ LLC
Ref. Number: L13000138804

We have received your document for NOMMERZ 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):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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.

Barbara Bostick
Regulatory Specialist II

Letter Number: 314A00010126