

113 000169868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

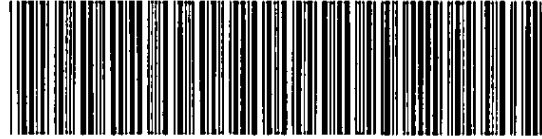
(Business Entity Name)

(Document Number)

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[Handwritten signature]

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Nadal, 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:

Dimitrios Laskaris
Name of Person
Nadal, LLC
Firm/Company
5321 NW 58 Terrace
Address
Coral Springs, FL 33067
City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dimitrios Laskaris 954 234-1653
 _____ 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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of the University of California, Berkeley

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Nadal, 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 12/09/2013 and assigned
Florida document number L13000169868.

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:

(Principal office address MUST BE A STREET ADDRESS)

5321 NW 58 Terrace

Coral Springs, FL 33067

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5321 NW 58 Terrace

Coral Springs, FL 33067

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CLERK OF COURT
CLERK OF COURT

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:

Dimitrios Laskaris

New Registered Office Address:

5321 NW 58 Terr.

Enter Florida street address

Coral Springs

Florida

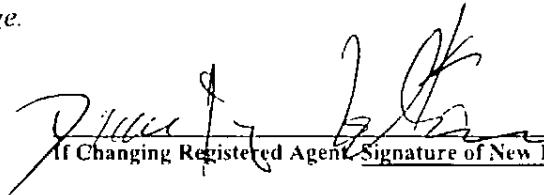
33067

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Dimitrios Laskaris	5321 NW 58 Terr	<input checked="" type="checkbox"/> Add
		Coral Springs, FL 33067	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jcoege Laskaris	5610 Godfrey Road	<input type="checkbox"/> Add
		Coral Springs, FL 33067	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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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.

Dated 9-14-20

Dimitrios Laskaris
Typed or printed name of signee