# L17000177789

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J. Shivers JAN 2 8 2013

## **COVER LETTER**

istration Section
ision of Corporations

SUBJECT: Nerita Ni	rvana, LLC		
		ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Bruce W. Jessen		
		Name of Person	
	Nerita Nirvana, LLC		
		Firm/Company	
	5493 TriLakes Rd E,	PO Box 38	
		Address	
	South Range, WI 54	874-0038	
		City/State and Zip Code	
	baldwinjessen@centu		
	E-mail address: (	to be used for future annual report notificat	tion)
For further information c	oncerning this matter, please co	all:	
Bruce Jessen		at (218 ) 393-0811	
Name o	f Person		elephone Number
Enclosed is a check for the	he 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

Nerita Nirvana, 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 December 27, 2013 and assigned Florida document number L13000177389 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 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Member being added or removed from our records:

# Manager Authorized Member

<u>ì.</u>	Name	Address	Type of Action
AMBR	Gail E. Baldwin	5493 TriLakes Rd E, PO Box 38	Add
		South Range, WI 54874-0038	Remove
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	A. J.A. CCU.	( ) N
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ffective date is listed, the d	late must be specific and cannot be n	optional) nore than 90 days after filing.) (605.020
ffective date is listed, the d	the date of filing:	(optional) nore than 90 days after filing.) (605.020
ffective date is listed, the d	late must be specific and cannot be n	ore than 90 days after filing.) (605.020
ffective date is listed, the d	late must be specific and cannot be n	ore than 90 days after filing.) (605.020
ffective date is listed, the d	signature of a member or authorised re	fore than 90 days after filing.) (605.020)  When the second secon
Sective date, if other than the frective date is listed, the distance of the d	late must be specific and cannot be n	presentative of a member

Filing Fee: \$25.00