

L14 000001384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

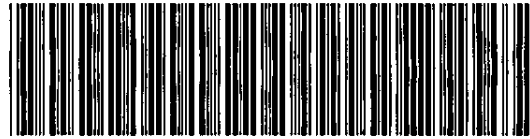
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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T CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Nowalk Group, 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:

Adrian Nowalk

Name of Person

The Nowalk Group

Firm/Company

10232 NW 47th St.

Address

Sunrise, FL. 33351

City/State and Zip Code

anowalk@thenowalkgroup.com

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

For further information concerning this matter, please call:

Adrian Nowalk

Name of Person

at 561 299-1611

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

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SECRETARY OF STATE

The Nowalk Group, LLC.

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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>
<u>CFO</u>	<u>Denise Nowalk</u>	<u>11287 NW 7th St.</u>	<input type="checkbox"/> Add
		<u>Coral Springs, FL. 33071</u>	<input checked="" type="checkbox"/> Remove
<u>CEO</u>	<u>Adrian Nowalk</u>	<u>11287 NW 7th St.</u>	<input type="checkbox"/> Add
		<u>Coral Springs, FL. 33071</u>	<input checked="" type="checkbox"/> Remove
<u>AMBR</u>	<u>Adrian Nowalk</u>	<u>10232 NW 47th St.</u>	<input checked="" type="checkbox"/> Add
		<u>Sunrise, FL. 33351</u>	<input type="checkbox"/> Remove
<u>CFO</u>	<u>Dennis Meraz</u>	<u>11287 NW 7th St.</u>	<input type="checkbox"/> Add
		<u>Coral Springs, FL.</u>	<input checked="" type="checkbox"/> Remove
<u>AMBR</u>	<u>Dennis Meraz</u>	<u>10232 NW 47th St.</u>	<input checked="" type="checkbox"/> Add
		<u>Sunrise, FL. 33351</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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)

(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 February 7th, 2014

Adrian Nowalk

Signature of a member or authorized representative of a member

Adrian Nowalk

Typed or printed name of signee

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Filing Fee: \$25.00

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STATE OF FLORIDA
CLERK OF THE SUPREME COURT