

L14000001384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

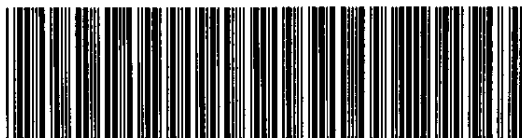
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900289579769

08/29/16 -01018--009 \*\*25.00

16 SEP 15 PM 2:54  
FILING OFFICE, FLORIDA

SEP 16 2016

Y. WALKER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 14, 2016

ADRIAN NOWALK  
11287 NW 7TH ST  
CORAL SPRINGS, FL 33071 US

SUBJECT: NOWALK CREATIVE DESIGN AND CONSTRUCTION, LLC.  
Ref. Number: L14000001384

We have received your document for NOWALK CREATIVE DESIGN AND CONSTRUCTION, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 216A00019672

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Nowalk Creative Designs and Construction, LLC.

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Adrian Nowalk**

Name of Person

**Nowalk Creative Designs and Construction, LLC.**

Firm/Company

**11287 NW 7th St.**

Address

**Coral Springs, FL. 33071**

City/State and Zip Code

**adrian@nowalkcdc.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

**954**

Area Code

**801-2051**

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

2016 SEP 12 PM 4:20  
FALLING STATION

45

**STATEMENT OF CORRECTION  
FOR**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: NOVAK CREATIVE DESIGN  
AND CONSTRUCTION, LLC.

**SECOND:** The Florida Document number of the limited liability company is: L14000001384

**THIRD:** Document to be corrected is: 60089210096 ARTICLES OF AMENDMENT TO  
ARTICLES OF ORGANIZATION PAGE 1

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

NAME IS LISTED AS NOWOLK CREATIVE DESIGN AND CONSTRUCTION, LLC.

IT SHOULD BE NOW ALL CREATIVE DESIGNS AND CONSTRUCTION, ETC.

I FORGOT TO PUT, A1 "S" ON DESIGN.

OR

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows.

**Q14**

☐ The electronic transmission of the record was defective.

Signature of Authorized Representative

Uyuk

Signature of new registered agent, if applicable : ( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Registered Agent's Signature

**Filing Fee: \$25.00**  
**Certified Copy: \$30.00 (optional)**