

L140000 37587

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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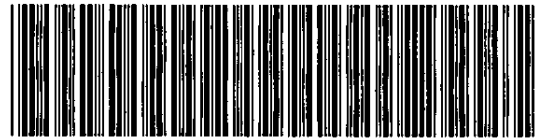
(Business Entity Name)

(Document Number)

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APR 04 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Namoths Palace 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:

Andrea Roberson Jr.
Name of Person

Namoths Palace LLC
Firm/Company

640 E. New Haven, Box 1902
Address

Melbourne, Florida, 32902
City/State and Zip Code

namothspalace@net-shopping.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrea Roberson Jr at 321 473 8377
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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CLERK OF STATE

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

Namoths Palace 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 03/06/2014 and assigned Florida document number L14000037587

This amendment is submitted to amend the following:

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

Namoths Palace 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)

640 E. New Haven
Box 1902
Melbourne, FL 32902

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

640 E. New Haven
Box 1902
Melbourne, FL 32902

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:

Andrea Roberson Jr.

New Registered Office Address:

640 E. New Haven, Box 1902
Enter Florida street address
Melbourne, Florida 32902
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.

Andrea Roberson Jr.

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>
<u>AP</u>	<u>Andrea Roberson</u>	<u>1695 Monterey pr. Apt 208</u>	<input type="checkbox"/> Add
		<u>Palm Bay, FL 32905</u>	<input checked="" type="checkbox"/> Remove
<u>AP</u>	<u>Andrea Roberson Jr.</u>	<u>640 E. New Haven</u>	<input checked="" type="checkbox"/> Add
		<u>BOX 1902</u>	<input type="checkbox"/> Remove
		<u>Melbourne, FL 32902</u>	
			<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.)

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 March 28, 2014

Andrea Roberson Jr.

Signature of a member or authorized representative of a member

Andrea Roberson Jr.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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