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(Address)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

J. Shivers JUN 13 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NIFLGE,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:

SHELDON DAGEN

Name of Person

SHELDON D. DAGEN, P.A.

Firm/Company

2750 N. 29TH AVE., STE. 117

Address

HOLLYWOOD, FL 33020

City/State and Zip Code

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

For further information concerning this matter, please call:

SHELDON DAGEN at 954 965-5375
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

NIFLGE, LLC

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14 JUN 11 19:13
SILVER CREEK
TALLAHASSEE
FLORIDA
Zip Code

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>
SEC	CHRISTIAN CALUSA	478 E. ALTAMONTE DR	☒ Add
		SUITE 108-430	☐ Remove
		ALTAMONTE SPRINGS, FL 32701	
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
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			☐ Add
			☐ Remove

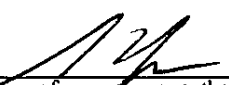
14 JUN 1 15
STATE OF FLORIDA
TALLAHASSEE

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 **JUNE 6, 2014**, _____.



Signature of a member or authorized representative of a member

SHELDON D. DAGEN

Typed or printed name of signee

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Filing Fee: \$25.00

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STATE
TALLAHASSEE, FLORIDA