## L1400067015

(Re	equestor's Name)	
(Ad	dress)	
(Ac	dress)	
(Cit	ty/State/Zip/Phone #	<del>f</del> )
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## **COVER LETTER**

TO: Registration Se Division of Cor	
SUBJECT: NuTie	er Equity, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ondence concerning this matter to the following:
	Meghan Adams
	Name of Person
	Guardian Law
	Firm/Company
	770 E Main St, Ste 242
	Address
	Lehi, UT 84043
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
	·
	oncerning this matter, please call:
Meghan Ad	Iams at (877) 313-1043 Area Code Daytime Telephone Number
Name of	f Person Area Code Daytime Telephone Number
Enclosed is a check for th	ne following amount:
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

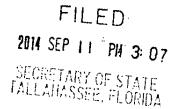
MAILING ADDRESS:

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



NuTier Equity, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L1400067015	y were filed on 04/22/2014	and assigned
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and end with the words "Limited Lia	ability Company," the designation "LLC" or the abbre	eviation "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 of registered agent and/or the new registered office address here.		name of the new
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	City	ыр Соае

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.

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 Title Name | **Address** Type of Action Jeffrey Szekely 6764 Chamomile Ct **AMBR ■** Add Maineville, OH 45039 ☐ Remove \_□ Add ☐ Remove \_□ Add □ Remove □ Add ☐ Remove \_ Add ■ Remove

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the effective date must be specific, cannot be prior to dath the date this document is filed by the Florida Department Dated September 3	te of receipt or filed date and cannot b	
Effective date, if other than the date of filing the effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department Dated September 3  September 3  Faul Stolz	te of receipt or filed date and cannot but of State)	e more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

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