L14000009198

(Re	questor's Name)	<u></u>
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SECRETARY OF STATE
SECRETARY OF STATE
AND ANASSEE FLORIDA

JUL 3 1 2014 T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	othing Ordin Name of Limit	ed Ligbility Company	
The enclosed Articles of Arr	nendment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	D'Arthora	Losenzo S Name of Person	urrell
	Nothi	ng Ordinary L Firm/Company	LC
	4050 NW 42	nd Ave Apt 119 Address	
	Lauderdale L	ales FL 3331 City/State and Zip Code	9
-	B-mail address: (to	tentaroup@anail.	ication)
For further information conc	erning this matter, please cal	1:	
D'Arthana L Name of Pe	Loten 20 Butte		1703 e Telephone Number
Enclosed is a check for the fe	ollowing amount:		
□ \$25.00 Filing Fee [\$30.00 Filing Fee & Certificate of Status	☐ S55.00 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



July 22, 2014

DARTHANA LORENZO BURRELL 4050 NW 42ND AVE APT 119 LAUDERDALE LAKES, FL 33319

SUBJECT: NOTHING ORDINARY LLC

Ref. Number: L14000069198

We have received your document for NOTHING ORDINARY LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

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.

Letter Number: 614A00015723

Tammy Hampton Regulatory Specialist III

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· Nothing Ordin	ary U.C.	•	
(Name of the Limited Liability Con (A Florida Limit	mpany as it now appears ted Elability Company)	on our records.)	
The Articles of Organization for this Limited Liability Compa	- —	4/29/14	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	iability company her	<u>re</u> :	
The new name must be distinguishable and end with the words "Limited	CITOUP LLC Liability Company," the d	lesignation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		ન	ASS 7
(Principal office address MUST BE A STREET ADDRESS	2		100 Jul 1100
Enter new mailing address, if applicable:			29 PH 1
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	ATE STREET
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		our records, ente	r the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	da street address	
	Line I lora		
-	City	, Florida _	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.

If Changing Registered Agent, Signature of New Registered Agent

MGR = M AMBR = A	lanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			☐ Remove
			□ Remove
			□ Remove
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			FF 50 Remove
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Effective	e date, if other than the date of filing:(optional)
	we date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
	e date, if other than the date of filing:
the date th	nis document is filed by the Florida Department of State)
the date th	
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the date th	nis document is filed by the Florida Department of State) 2014

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Filing Fee: \$25.00

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