

L14000078569

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(Business Entity Name)

(Document Number)

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FILED
JUN 12 2014
901 cl b-llm 102

B. BOSTICK
JUN 12 2014
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Nunez-Pierre Associates 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:

Sonny Pierre
Name of Person

Firm/Company

412 buttonwood lane
Address

Boynton Beach, FL 33436
City/State and Zip Code

sonnypierre@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sonny Pierre at (954) 683-5882
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

2017 SEP -09 PM 1:06
 FILED

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

Nunez - Pierre Associates 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 5/14/2014 and assigned Florida document number L14000078569.

This amendment is submitted to amend the following:

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

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: 216 sw 2nd Avenue

(Principal office address MUST BE A STREET ADDRESS)
Delray Beach, FL 33444

Enter new mailing address, if applicable: 412 buttonwood lane

(Mailing address MAY BE A POST OFFICE BOX)
Boynton Beach, FL 33436

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: Pierre, Sonny

New Registered Office Address: 412 buttonwood lane
Enter Florida street address

Boynton Beach, Florida 33436
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.

If Changing Registered Agent, Signature of New Registered Agent

FILED
MAY 14 2014
STATE
OF FLORIDA
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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>
MGR	Nunez, Yesenia	24 Crossings Circle	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Boynton Beach, FL 33435	
MGR	Pierre, Sonny	412 buttonwood lane	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Boynton Beach, FL 33436	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

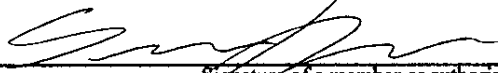
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 JUN 9 11:00 AM '09
 CLERK OF COURT
 STATE OF FLORIDA

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 5, 2014.



Signature of a member or authorized representative of a member
Sonny Pierre

Typed or printed name of signee

FILED
2015 JUN-9 P 1:05
FLORIDA DEPARTMENT OF STATE