L140000 85169

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J. HARRIS

COVER LETTER

	stration Sectionsion of Corpor		•	
	NO COMM	IISSION AGENTS LLO	0	
SUBJECT:		Name of Limit	ed Liability Company	
		nendment and fee(s) are subnence concerning this matter to		
		ELIZABETH NOLAN	CARUSO	
			Name of Person	
		NO COMMISSION A	GENTS LLC	
			Firm/Company	
		312 S. OLD DIXIE H	IGHWAY, SUITE 205	
			Address	
		JUPITER, FL 33458		
			City/State and Zip Code	
		INFO@NCAREALTY	.COM o be used for future annual report notificat	ion)
rs in Asimali, in the	P		·	war,
		cerning this matter, please ca	п.	
ELIZABETH NOLAN CARUSO		CARUSO	561 254-0174	
	Name of Po	erson	Area Code Daytime Te	lephone Number
Enclosed is a	check for the	following amount:		
\$25.00 Fi	iling 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit		any as it now appears on our rec Liability Company)	ords.)		
The Articles of Organization for this Limited Li Florida document number L14000085169	ability Company	were filed on MAY 27, 20	014 and	l assigi	ned
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liab	oility company here:			
The new name must be distinguishable and end with the	words "Limited Liab	bility Company," the designation	"LLC" or the abbreviati	on "L.L	.C."
Enter new principal offices address, if applic	able:				
(Principal office address MUST BE A STREE		·	2	SE	
				_ _	문공
Enter new mailing address, if applicable:		312 S. OLD DIXIE H	WY, SUITE 205	18 P	FILED FORM OF COM
(Mailing address MAY BE A POST OFFICE	BOX)	JUPITER, FL 33458		F	S S
				~	110
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:	fice address her		ords, <u>enter the na</u>	me of	the nev
242 C OLD DIVIE HMV CHITE 205					
New Registered Office Address:	Enter Florida street address				
	JUPITER	,	Florida 33458		
		City	Zip C	ode	
New Registered Agent's Signature, if changing I	Registered Agent	<u> </u>			
I hereby accept the appointment as registere	d agent and agi	ree to act in this capacity. I	l further agree to c	omply	with the

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

Page 1 of 3

If amending the Manager's or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member **Type of Action Title Name Address AMBR** ELIZABETH NOLAN CARUSD 312 S. OLD DIXIE HWY, SUITE 205 ■ Add JUPITER, FL 33458 ☐ Remove 312 S. OLD DIXIE HWY, SUITE 205 **AMBR** RICHARD S WEINSTEIN ☐ Add JUPITER, FL 33458 ■ Remove □ Add ☐ Remove ☐ Add ☐ Remove ☐ Remove

D. If amending any other information	n, enter change(s) here: (Attach additional sheets, if necessary.)
•	
. Effective date, if other than the da	ite of filing: (optional)
(The effective date must be specific, cannot be the date this document is filed by the Florid	be prior to date of receipt or filed date and cannot be more than 90 days after la Department of State)
Dated DECEMBER 11	2014
Ilmstett	Nober Causo
Sig	gnature of a member or authorized representative of a member
ELIZABÉTH NOLAN	I CARUSO

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Filing Fee: \$25.00