# L1400105744

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000262369010

07/30/14--01032--008 \*\*30.00



JUL 31 2014 S. YOUNG

## COVER LETTER

TO: Registration Section
Division of Corporations

Nebraska One 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:

Stanley Jackson Jr	
Name of Person	
Nebraska One LLC	
Firm/Company	
14309 N Nebraska Ave	,
Address	
Tampa, FL 33613	
City/State and Zip Code	
stanleyjacksonjr@mac.com	
E-mail address: (to be used for future annual report notification)	<del></del>

For further information concerning this matter, please call:

Stanley Jackson JR

813,2267402

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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nebraska One LLC						
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)					
The Articles of Organization for this Limited Liability Co	ompany were filed on <u>07/02/2014</u>	and assigned				
his 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 "Lin	nited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:						
Principal office address MUST BE A STREET ADDR	ESS)					
		3 3 5				
		-11 -77				
Enter new mailing address, if applicable:						
Mailing address MAY BE A POST OFFICE BOX)		F 70				
3. If amending the registered agent and/or regist		nter the name of the				
Name of New Registered Agent:	• ————————————————————————————————————					
New Registered Office Address:						
	Enter Florida street address					
	, Florid					
•	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

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

<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Ac
/IGR	STANLEY JACKSON JR	14309 N NEBRASKA AVE	_ <b>■</b> Add
	•	TAMPA FL 33613	_□ Remove
			_
······································	<del></del>		_□ Add
			Remove
			_
			□ Add
		TALE ALL SECRETARIAN SECRETARI	Remove
			-m-kėmove
			_□ Add
		·	_□ Remove
			-
			_□ Add
			☐ Remove

$\bigcirc \backslash \backslash \backslash \backslash$	NR-GREGORY DANA 50%
CAAL	IR-GREGORT DANA 50%
OWN	NR-STANLEYJACKSON JR
	<del></del>
cuve date	, if other than the date of filing: (optional)
effective date date this docu	must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ament is filed by the Florida Department of State) (optional)
date this docu	must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ment is filed by the Florida Department of State)
date this docu	must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ment is filed by the Florida Department of State)
date this docu	Stooly H Jo ald my
e effective date e date this docu	must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ament is filed by the Florida Department of State)  129  1201  Signature of a member or authorized representative of a member
e date this docu	Stooly H Jo ald my

Page 3 of 3

JUL 30 FI 14 21

Filing Fee: \$25.00