

L14 000127034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

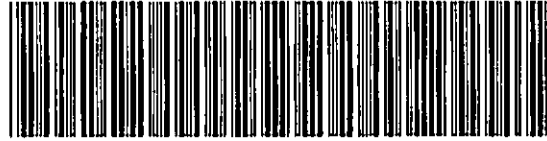
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22 AUG 26 AM 9:36

RECEIVED
DIVISION OF REVENUE
TAXPAYER SERVICE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NORDES ROYALTY INVESTMENT LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARLA RODRIGUEZ

Name of Person

NORDES ROYALTY INVESTMENT LLC

Firm Company

9100 QUAIL TRAIL

Address

JUPITER, FL 33478

City/State and Zip Code

ARLA.RODRIGUEZ@ESTRELLAINSURANCE.COM

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

ARLA RODRIGUEZ

561 255-0605

at _____

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

22 AUG 26 AM 9:36
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

NORDES ROYALTY INVESTMENT 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 08/13/2014 and assigned
Florida document number L14000127034.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

Florida

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

22 AUG 26 AM 9:36
DIVISION OF CORPORATION

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
AMBR	HECTOR PRIETO MULET	9100 QUAIL TRAIL JUPITER, FL 33478	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Remove
			☐ Change

22 AUG 26 AM 9:36
DIVISION OF CONSTRUCTION

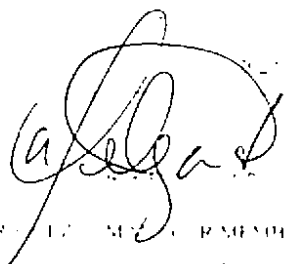
D. If amending any other information, enter change(s) here: *(attach additional sheets if necessary)*

22 AUG 26 AM 9:36
DIVISION OF CORPORATION

E. Effective date, if other than the date of filing: _____ (optional)

Notarize _____ (Notarize the document before filing it with the Division of Corporation, Department of State records)

F. If the filer is a foreign corporation, please provide the name of the filer in the language of the country of origin: _____

X  _____
Typed or printed name of signer

Filing Fee: \$25.00