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SECRETARY OF STATE
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J. HARRIS

COVER,LETTER

TO:	Registration Section Division of Corpo	
		KROP LIGHTNING NJROTC BOOSTER CLUB, LLC
SUBJE	UI:	Name of Limited Liability Company
The enc	losed Articles of Ar	mendment and fee(s) are submitted for filing.
Please re	eturn all correspond	lence concerning this matter to the following:
•		MR. DAVID STERN
		Name of Person
		PRESIDENT, KROP LIGHTNING NJROTC BOOSTER CLUB
		Firm/Company
		18800 NE 29TH AVE
		Address
		AVENTURA, FL 33180
		City/State and Zip Code
		DSTERN@ATTIDENTERPRISES.COM
		E-mail address: (to be used for future annual report notification)
For furt	her information con	cerning this matter, please call:
JACK	LYN D WEBB	617 947-8148
	Name of P	at () Person Area Code Daytime Telephone Number
Enclose	d is a check for the	following amount:
□ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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

KROP LIGHTNING NJROTC BOOSTER CLUB, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited Li	ability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number L14000172627	vere filed on NOVEMBER 5, 2014 and assi	gned .
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
LIGHTNING NJROTC BOOSTER CLUB, LLC		
The new name must be distinguishable and end with the words "Limited Liabil		.L.C."
Enter new principal offices address, if applicable:	\$5.50 ALL	
• • •	≥ ≈ =	1 1
(Principal office address MUST BE A STREET ADDRESS)	- - 20	\$25, 115 [7 - 10 900"
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	E0 *P	
Enter new mailing address, if applicable:		
• • •		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address here:		of the new
Name of New Registered Agent:		
New Registered Office Address:	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 provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with covided for in Chapter 605, F.S. Or, if this docu	h and ment is

If Changing Registered Agent, Signature of New Registered Agent

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
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Effective date, if other The effective date must be sp the date this document is file	than the date of filing: (optional) secific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after sed by the Florida Department of State)	
the date this document is file. 11 March	than the date of filing:	
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the date this document is file	ed by the Florida Department of State)	

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Filing Fee: \$25.00

SECRETARY OF STATE

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