£ 14000181559

(R	equestor's Name)	
(A	ddress)	·
(A	ddress)	
(C	ity/State/Zip/Phon	ie #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Na	me)
(D	ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
:		

Office Use Only



100266928051

12/03/14--01004--008 **25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

. in Calv

EXAMPLER DEC 1 0 2014

COVER LETTER

	Division of Corp	orations		
SU	BJECT: NO H	Name of Limit		
		Name of Limi	ited Liability Company	
The	enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Ple	ase return all correspor	dence concerning this matter	to the following:	
	•	•	·	
		Envique J	Roiz Name of Person	
			Name of Person	
			Firm/Company	
			<u>.</u> ,	
		1105 NW 807	th Taw #A	
			↑ Tevr #A Address	
		Margate, Fi	. 33063	
			City/State and Zip Code	
	•	iasonsellsflo	City/State and Zip Code City/State and Zip Code Code	
		E-mail address: (to be used for future annual report notif	fication)
For	further information co	oncerning this matter, please ca	all:	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	FAMQUE J RU	D1 2 _	at (954) 518 - 0	DB (5
	Name of	Person	at (954) 518 - 6 Area Code Daytime	e Telephone Number
Enc	closed is a check for th	e following amount:		
Ø	\$25.00 Filing Fee	□ \$30.00 Filing Fee &		□ \$60.00 Filing Fee,
		Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
			(additional copy is enclosed)	(additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

FILED

2014 DEC -3 PM 3: 33

TALLAHASSEE. FLORIDA

NU MONT 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 Liabi		ber 34.3014 and assigned
Florida document numberL14000181559	·	
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
NO LEVEL MAMT LLC		
The new name must be distinguishable and end with the wor	ds "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	nt-des a
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	171
B. If amending the registered agent and/or	registered office address on our r	occurds antar the name of the new
registered agent and/or the new registered office	-	ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
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 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

<u>Authorized</u>	Member being added or removed from	r on our records, enter the title, name, and address of each Manager m our records:
MGR = N	,	7011 pro
<u>Title</u>	<u>Name</u>	Address SLORETARY OF STATE FALL AHASSEE. FLORIDA Add
		Add
		Remove
		Remove
		Remove
		Add
		Remove
		Add
		□ Remove
		□ Remove

fective date, if other than the date of filing: c effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State) ated November 39, 3014.		
effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State)		
effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State)		
effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State)		
effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State)		
effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State)		
effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after attention date this document is filed by the Florida Department of State)	ve date if other than the date of filing:	(ontional)
ted November 39, 2014.	ctive date must be specific, cannot be prior to date of receipt or filed date and cannot be	more than 90 days after
	NOVEMBER 39 . 3014 .	
Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00