

L15000003462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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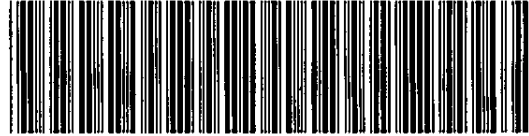
(Business Entity Name)

(Document Number)

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Amend

04/02/15--01009--020 **25.00

FILED
2015 APR -2 AM 11:25
RECORDS OF STATE
TALLAHASSEE, FLORIDA

AR

4/20/15

COVER LETTER

**TO: Registration Section
Division of Corporations**

Nine Four Zero Holdings, LLC

SUBJECT: _____
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:

Andrew E. Gindea, Esq.

Name of Person

The Presser Law Firm, P.A.

Firm/Company

6199 N. Federal Highway

Address

Boca Raton, Florida 33487

City/State and Zip Code

ag@assetprotectionattorneys.com

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

For further information concerning this matter, please call:

Andrew E. Gindea

561

953-1050

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**TO
ARTICLES OF ORGANIZATION
OF**

Nine Four Zero Holdings, 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
Florida document number L15000003462

January 7, 2015

and assigned

FILED

2015 APR -2 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This 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 "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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 on our records, enter the name of the new registered agent and/or the new registered office address here:

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 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

Authorized Member 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>
MGR	Haleroc, LP	2941 NW 29th Avenue	<input type="checkbox"/> Add
		Boca Raton, Florida 33434	<input checked="" type="checkbox"/> Remove
MGR	Joseph Fornabaio	2941 NW 29th Avenue	<input checked="" type="checkbox"/> Add
		Boca Raton, Florida 33434	<input type="checkbox"/> Remove
MGR	Laura Fornabaio	2941 NW 29th Avenue	<input checked="" type="checkbox"/> Add
		Boca Raton, Florida 33434	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February, 2015



Signature of a member or authorized representative of a member

Joseph Fornabaio

Typed or printed name of signee