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(Address)

(Address)

(City/State/Zip/Phone #)

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B. BOSTICK

FEB 10 2015

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NM Accounting Services 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:

Noel Merklinger

Name of Person

NM Accounting Services LLC

Firm/Company

12637 Evington Point Dr

Address

Riverview, FL 33579

City/State and Zip Code

noelm101@gmail.com

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

For further information concerning this matter, please call:

Noel Merklinger

813 482-8872

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

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NM Accounting Services LLC

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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 = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
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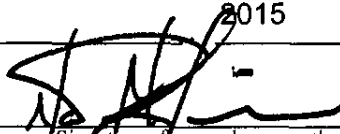
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CLERK OF DISTRICT COURT
JULIA A. HARRIS

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

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 January 28, 2015



Signature of a member or authorized representative of a member

NOEL MERKLINGER

Typed or printed name of signee

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TALLAHASSEE, FLORIDA