

L150000 34568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

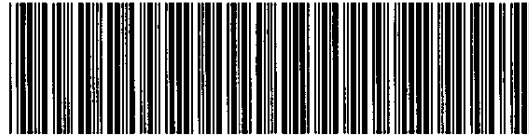
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900271954129

04/28/15--01010--005 **25.00

FILED
2015 APR 28 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 06 2015
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EIGHTIES NATIONS, 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:

STEVEN L WERBLE

Name of Person

Firm/Company

300 NW 70TH AVENUE SUITE 200

Address

PLANTATION FL 33317

City/State and Zip Code

WERBLECPA@AOL.COM

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

For further information concerning this matter, please call:

STEVEN L WERBLE

954 581-0670

Name of Person

at (_____) _____
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

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

EIGHTIES NATIONS, 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 02/24/2015 and assigned
Florida document number L15000034568

This amendment is submitted to amend the following:

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

EIGHTIES NATION, LLC

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:

SAMES AS BEFORE

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

SAME AS BEFORE

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2015 APR 28 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: SAME AS BEFORE

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

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>
		SAME AS BEFORE	☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

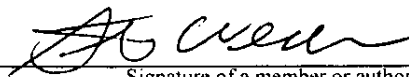
FILED
 2015 APR 28 PM 2:40
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

D. If amehding 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 APRIL 22 , 2015



Signature of a member or authorized representative of a member

STEVEN L WERBLE

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2015 APR 28 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA