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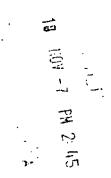
		
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COVER LETTER

TO: Registration Section Division of Corporation	ons .	•	
SUBJECT: OLD		Van II Ned Liability Company	es, LC.
The enclosed Articles of Amend	ment and fee(s) are subn	nitted for filing.	
Please return all correspondence	concerning this matter to	o the following:	
	Fredd	Name of Person	ichez
		Firm/Company	
	9357 Nu	V 46th Pla	ce a
			
	Sunri	Sc, FL. 3	33351
	Fred. San E-mail address: (to	City/State and Zip Code Che Zbar be be used for future annual rep	15a(agnail.com
For further information concerni	ng this matter, please cal	l:	
Freday S Name, of Person	anchoz	at (305) _ E	Daytime Telephone Number
V			,
Enclosed is a check for the follow	wing amount:		
	30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclos	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

	N LINES, LLC , as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>LiSOOD037741</u> .	were filed on $\frac{3/04/15}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability".	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9357 NW 46th Place Sunrisc, FL. 33351
(Principal office address MUST BE A STREET ADDRESS)	Sunrise, FL. 33351
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of 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 agreprovisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publication of the registered office of the company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date te: If the date inserted in this block does not meet the applicable sta ument's effective date on the Department of State's records.	of filing or more than 90 days after filing.) Pursuant to 605.020 atutory filing requirements, this date will not be listed a
record specifies a delayed effective date, but not an enterent he 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier
ed November 6 2018	
Signature of a member or authorized re	
	entecentually at a member

Page 3 of 3

Filing Fee: \$25.00