

L15000057467

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(City/State/Zip/Phone #)

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2015 OCT 27 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
OCT 30 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NAUTIC NOMAD WORLDWIDE 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:

Depinder S. Aujla

Name of Person

Fears Nachawati PLLC

Firm/Company

4925 Greenville Ave Ste 715

Address

Dallas, TX 75206

City/State and Zip Code

randi@nauticnomad.com

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

For further information concerning this matter, please call:

Depinder Aujla

214 461-6223
at ()

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

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

NAUTIC NOMAD WORLDWIDE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/01/2015 and assigned
Florida document number L15000057467.

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 contain 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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	DARYN DALTON	757 SE 17TH ST, STE 568	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33316	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DARYN DALTON	757 SE 17TH ST, STE 916	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KELLY SLATER	5 FARTHING FIELDS	<input checked="" type="checkbox"/> Add
		HEADLEY, BORDON	<input type="checkbox"/> Remove
		HAMPSHIRE GU35 8PD UK	<input type="checkbox"/> Change
AMBR	ADAM BENTLEY	5 FARTHING FIELDS	<input checked="" type="checkbox"/> Add
		HEADLEY, BORDON	<input type="checkbox"/> Remove
		HAMPSHIRE GU35 8PD UK	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2015 OCT 27 P
SECRETARY OF
TALLAHASSEE, F

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated Sept30th, 2015

Typed or printed name of signee