

L15000073359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

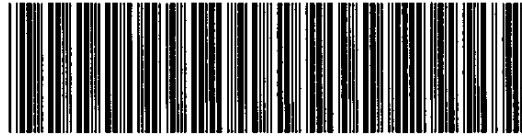
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
DEC 31 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Nexus Date 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:

Vitalina Krammel

Name of Person

Nexus Date LLC

Firm/Company

~~4300 Jog Road #542394~~

4300 S. Jog Road # 542394

Address

Greenacres, FL 33454

City/State and Zip Code

vitalina@nexusdate.com

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

For further information concerning this matter, please call:

Vitalina

561

346-9994

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

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TALLAHASSEE, FLORIDA

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

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Greenacres, FL 33454

_____, Florida _____
City Zip Code

Page 1 of 3

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>
AMBR	Wolfram Krammel	4300 Jog Road #542394	<input checked="" type="checkbox"/> Add
		Greenacres, FL 33454	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jana Lechmanova	319 Clematis Street, Suite 510	<input checked="" type="checkbox"/> Add
		West Plam Beach, FL 33401	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Roy Assad	319 Clematis Street, Suite 510	<input checked="" type="checkbox"/> Add
		West Palm beach, FL 33401	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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 REVENUE
 TALLAHASSEE, FL

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

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SOUTHERD DISTRICT OF CALIFORNIA
SAN FRANCISCO

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 12-23-2015

Signature of a member or authorized representative of a member

Vitalina Krammel

Typed or printed name of signee