

LIS000082345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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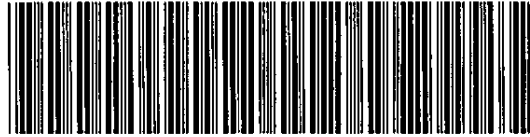
(Business Entity Name)

(Document Number)

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2015 JUN 22 AM 8:42  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

N. Cuffigan JUN 24 2015

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** NCW 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:

Chenenne N. Woods
Name of Person
NCW LLC
Firm/Company
11038 Coniston Way
Address
Windemere, FL 34786
City/State and Zip Code
chenenne@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chenenne N. Woods                                  407        2346812  
\_\_\_\_\_ 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

FILED  
2015 JUN 22 AM 8:42  
SECRETARY OF STATE,  
TALLAHASSEE, FLORIDA

NCW 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 May 8, 2015 and assigned  
Florida document number L15000082345

This amendment is submitted to amend the following:

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

NCW Ventures LLC

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)**

11038 Coniston Way

Windemere, FL 34786

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

104 Perry Street

3C

New York, NY 20014

**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:

Chenenne N. Woods

New Registered Office Address:

11038 Coniston Way

*Enter Florida street address*

Windemere

*City*

Florida 34786

*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	Chenenne N. Woods	11038 Coniston Way	<input type="checkbox"/> Add
		Windemere, FL 34786	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Nekeshia A. Woods	104 Perry Street	<input checked="" type="checkbox"/> Add
		Apt. 3C	<input type="checkbox"/> Remove
		New York, NY 10014	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

SECRET  
OFFICE OF STATE  
TALLAHASSEE, FLORIDA

2015 JUN 22 AM 8:42

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(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)

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.

Melissa U  
Signature of a member or authorized representative of a member

Nekechia A. Woods  
Typed or printed name of signee