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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 0 5 2015 S. YOUNG

## **COVER LETTER**

Div	ision of Corp	orations			
SUBJECT:	Nightlife Inn	ovations, LLC.			
SCHOOL I.		Name of Limi	ited Liability Company		
The enclosed	l Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		Jon Mroz			
•			Name of Person		_
•		Nightlife Innovations, LLC			
			Firm/Company		_
		13830 Cyrus Ct.			TSE TO
			Address		一篇 重 加
		Jacksonville, Florida 32224	4		N -4 P
			City/State and Zip Code		一点。
		jonmroz@gmail.com			SSEE, FLORIDA SSEE, FLORIDA
For further in	nformation co	E-mail address: (i ncerning this matter, please ca	to be used for future annual re all:	port notification)	S 3
Jon Mroz			904 707- at ()	0474	
	Name of	Person	Area Code	Daytime Telephone Numb	er
Enclosed is a	check for the	e following amount:			
□ \$25.00 F	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certific sed) Certifie	Filing Fee, cate of Status & cd Copy (all copy is enclosed)

## MAILING ADDRESS:

TO:

**Registration Section** 

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

Nightlife Innovations, LLC			
(Name of the Lim	ited Liability Co (A Florida Limi	mpany as it now appears on our reconted Liability Company)	ords.)
he Articles of Organization for this Limited I	Liability Comp	oany were filed on 07/10/2015	and assigned
lorida document number L15000118969		•	
is amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name	of the limited	liability company here:	
/A			
ne new name must be distinguishable and contain the	words "Limited I	Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
	<b>1</b> . 1	N/A	
nter new principal offices address, if appli		<del></del>	
Principal office address MUST BE A STRE	<u>ET ADDRESS</u>	<u> </u>	l and '
			NS 5
			語喜四
nter new mailing address, if applicable:		N/A	芸芸「デ
Mailing address MAY BE A POST OFFICE	E BOX)		節二日
			22 5
		tennes en la constitución de la	985 8 85 8
3. If amending the registered agent and	l/or registere	d office address on our reco	ాrds, enter the name of the
egistered agent and/or the new registered			
Name of New Registered Agent:	N/A		
	N/A		
New Registered Office Address:	N/A	Enter Florida street ada	broon
		Liner 1 for the street and	11 GAG
			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>	Name	Address	Type of Action
MGR	William Howard	1512 King St.	□ Add
		Jacksonville, FL 32204	Remove
			Change
MGR	Jospeh Payne	2657 Park St.	
		Jacksonville, FL 32204	≅ Remove
			Change
		<del> </del>	Add
			Remove SSEE OF Ghange
		<del> </del>	
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			☐ Change
<del></del>	<del> </del>	<del> </del>	Add
		<u></u>	□ Remove
			Change
	<del> </del>		□ Add
			□ Remove
			Change

Please note: We are removing the 2 Managers from the	: LLC - William Howard and Jospeph Payne.
*** Please also add our FEI/EIN Number to our listing	;: 47-4482834 ***
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	to the
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	TARK L
	175 <b>2</b> 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
ctive date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be per lift the date inserted in this block does not meet the appropriate in the date inserted on the Department of State's recomment's effective date on the Department of State's recomment.	(optional)  rior to date of filing or more than 90 days after filing.) Pursuant to 60 olicable statutory filing requirements, this date will not be listed.
2 2 2 2 2	
ecord specifies a delayed effective date, but ie 90th day after the record is filed.	not an effective time, at 12:01 a.m. on the earl
d October 31st	
~	<del></del> '
Jollyn)	

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Filing Fee: \$25.00