

L15000125355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

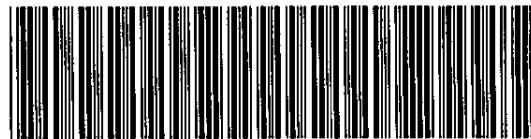
(Business Entity Name)

(Document Number)

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17 APR 17 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren
APR 18 2017

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **NUWORLD VISION 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:

MICHAEL BROOKER

Name of Person

NUWORLD VISION LLC

Firm/Company

107 MILESTONE DRIVE

Address

HAINES CITY, FLORIDA 33844

City/State and Zip Code

MICHAEL@NUWORLDVISION.COM

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

For further information concerning this matter, please call:

MICHAEL BROOKER

407 738-5233
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

10/28/19 10:00 AM
10/28/19 10:00 AM
10/28/19 10:00 AM

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

NUWORLD VISION 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 JULY 22nd, 2015 and assigned
Florida document number L5000125355.

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)

107 MILESTONE DRIVE

HAINES CITY, FL 33844

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

B. If amending the registered agent and/or registered office address on our records, enter name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

107 MILESTONE DRIVE

Enter Florida street address

HAINES CITY

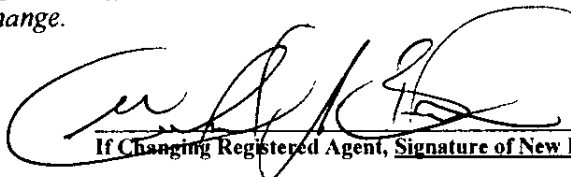
City

Florida 33844

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>
AMBR	LAWRENCE SCHWARTZ		<input type="checkbox"/> Add
		401 E. Las Olas Blvd Fort Lauderdale	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LAWRENCE SCHWARTZ		<input type="checkbox"/> Add
		401 E. Las Olas Blvd Fort Lauderdale	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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REMOVE
 APR 7 PM 2:01
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 ADD
 REMOVE

FILED

[illegible]

(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.

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Typed or printed name of signee

FILED
17 APR 17 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA