

# L15 000131278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

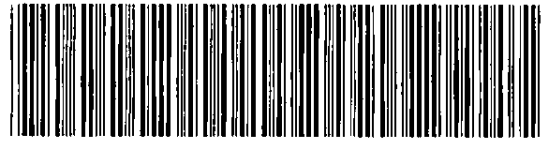
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500435261315

08/23/24--01026--004 \*\*25.00

8/27/24  
K14

SEC. OF STATE  
TALLAHASSEE, FL

2024 AUG 23 PM 2:56

FILED

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** NW555 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:

Henry Dow  
\_\_\_\_\_  
Name of Person  
  
NW555 LLC  
\_\_\_\_\_  
Firm/Company  
  
555 NW 95th St  
\_\_\_\_\_  
Address  
  
Miami, FL 33150  
\_\_\_\_\_  
City/State and Zip Code  
  
mmarin@wrgfla.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marta Marin  
\_\_\_\_\_  
Name of Person  
  
305 661 2505  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2024 AUG 23 PM 2:57  
CLERK OF STATE  
TALLAHASSEE, FL

FILED

## NW555 LLC

**If Changing Registered Agent, Signature of New Registered Agent**

to comply with the  
familiar with and  
this document is  
liability

FILED

APR 23 PM 2:57

Notarized Agent

ATE

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	Henry Dow	555 NW 95th St	<input type="checkbox"/> Add
		Miami FL 33150	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	The Henry Dow Family Revocable Trust	1421 NE 104th St	<input checked="" type="checkbox"/> Add
		Miami Shores, FL 33138	<input type="checkbox"/> Remove
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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

2022 AUG 23 PM 2:57  
 STATE OF FLORIDA  
 SECRETARY OF STATE

FILED

[illegible]

**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 August 15th, 2024

Signature of a member or authorized representative of a member

Henry Dow on behalf of The Henry Dow Family Revocable Trust.

Typed or printed name of signee

FILED  
2024 AUG 23 PM 2:57  
SECI  
TALLAHASSEE, FL