## 115000150314

(Rec	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	<del></del>
Certified Copies	Certificates	s of Status
Special Instructions to F		
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Office Use Only



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 1, 2015

CHARLES NERO 5200 NW 43RD STREET, SUITE 102-128 GAINESVILLE, FL 32606

SUBJECT: NERO CONSULTING GROUP, LLC

Ref. Number: L15000150314

We have received your document for NERO CONSULTING GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason Regulatory Specialist II

Letter Number: 715A00025101

## **COVER LETTER**

	ision of Corp		•	
SUBJECT:		lting Group, LLC		
SUBJECT.			ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Charles G. Nero		
			Name of Person	
		Nero Consulting Group, Ll	LC	
			Firm/Company	<del></del>
		5200 NW 43rd Street, Suit	e 102-128	
			Address	
		Gainesville, FL 32606		
			City/State and Zip Code	
		cgnero@neroconsultinggrou	up.com to be used for future annual report notific	ection
For further i	nformation co	oncerning this matter, please ca	•	attony
Charles G. 1	Nero		352 281-2364 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:	•	
\$25.001	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

Nero Consulting Group, LLC				
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on Liability Company)	our records.	
The Articles of Organization for this Limited I Florida document number				and assigned
This amendment is submitted to amend the fol	lowing:	,		
A. If amending name, enter the new name	of the limited liab	oility company here:		
N/A				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	nation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if appli	cable:	No change!		
(Principal office address MUST BE A STRE.	ET ADDRESS)			
Enter new mailing address, if applicable:		No change!		
(Mailing address MAY BE A POST OFFICE	EBOX)	_		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			r records, <u>enter t</u>	he name of the nev
New Registered Office Address:	No change!			
rew registered office Address.	<del> </del>	. Enter Florida s	street address	
			, Florida	
		City	<del></del> -	Zip Code
New Registered Agent's Signature, if changing I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	ed agent and agr per and complete istered agent as p registered office s change.	ee to act in this cape performance of my provided for in Chap address, I hereby co	duties, and I am fa oter 605, F.S. Or, i onfirm that the limi	miliar with and f this document is ited liability
	II Cha	nging Registered Agent,	Signature of New Regi	
	Page	1 of 3	ALS ALS	ù

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>	Address	Type of Action
AR	Charles G. Nero	6804 NW 81st Blvd	Add
		Gainesville, FL 32653	■ Remove
			☐ Change
MGR	Charles G. Nero	128 5200 NW 43rd Street, Suite 102-	Add
		Gainesville, FL 32606	Remove
			Change
			Add
			Remove
		3	Change
	····		Add
			□ Remove
			Change
		i	Add
			CI Remove
	•	7	Change  Change  Add
		Y OF STATE	U Remove c: □ Change

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fective date, if other than	n the dare of filing:  the must be specific and cannot be prior to date of filing or more than	(optional) 90 days after filing.) Pursuant to 605.0
ote: If the date inserted in t	n the date of filing:  the must be specific and cannot be prior to date of filing or more than his block does not meet the applicable statutory filing require the Department of State's records.	(optional) 90 days after filing.) Pursuant to 605.0 ements, this date will not be listed
ote: If the date inserted in t	his block does not meet the applicable statutory filing require	(optional) 90 days after filing.) Pursuant to 605.6 ements, this date will not be listed
cument's effective date on record specifies a del	this block does not meet the applicable statutory filing require the Department of State's records.  I ayed effective date, but not an effective time. a	ements, this date will not be listed
cument's effective date on record specifies a del	this block does not meet the applicable statutory filing require the Department of State's records.  I ayed effective date, but not an effective time. a	ements, this date will not be listed
cument's effective date on record specifies a del The 90th day after the	this block does not meet the applicable statutory filing require the Department of State's records.  I ayed effective date, but not an effective time. a	ements, this date will not be listed
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