1500155925

(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
□ PICK-UP □ WAIT □ MAIL W17-98644	?
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	\Box





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Amend

12/11/17--01004--002 ++25.00

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N. CAUSSEAUX JAN 2 2 2018

COVER LETTER

TO:	Registration Sec Division of Corp				
A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1270	LET'S A	GG	PEDICAB	CU LLC
SUBJI	.CI:	Name of	Limited Liabili	ty Company	·
The en	closed Articles of A	mendment and fee(s) are	submitted for	tiling.	
Please	return all correspon	dence concerning this ma	itter to the follo	owing:	
			SAMI	KATTAN nc of Person	
			Nan	ne of Person	
			MUMAR	COCATIVE	
			Fin	n/Company	
		४40 CC	EAN DEN	0 (APT 501 Address	
				Address	
		JUNG BEA KATTANSAM E-mail adda	at, FL	3 3 468	
			City/Sta	te and Zip Code	
		KATTAN SAM	@ G MA IU	(OM) for future annual report i	notification)
Eve fin	thar information ou	neerning this matter, plea			,
ron rui		-			4 (17)
	SAUI	KATTAN	at	(561) 935	\$9 \$3 rtime Telephone Number
	Name of	Person		Area Code Day	time Telephone Number
Enclos	ed is a check for the	e following amount:			
▼ 25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of State	is Ce	.00 Filing Fee & ertified Copy ditional 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



December 13, 2017

SAMI KATTAN NOMAD CREATIVE 840 OCEAN DRIVE, APT. 501 JUNO BEACH, FL 33408

SUBJECT: LET'S A GO PEDICAB CO., LLC

Ref. Number: L15000155925

We have received your document for LET'S A GO PEDICAB CO., 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

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.

Nanette Causseaux Regulatory Specialist II Supervisor

Letter Number: 217A00025223

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF	P. T. C.
(Name of the Limited Liability Company a	
The Articles of Organization for this Limited Liability Company we Florida document number	re filed on Sentenzer 14, 2015 and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability	NOHAD CREATIVE PRODUCTIONS, LLC.
The new name must be distinguishable and contain the words "Limited Liability (NOMAD CLEATING PRINCIPUIS, 46
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	SHU OCEAN DRIVE AFT SUI
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SHO OCEAN DRIVE APT 501 JUNU BEACH, FL 33408

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

Name of New Registered Agent:				<u> </u>		
New Registered Office Address:	840	OCEAN	DEINE	APT	501	
	<u> </u>	Enter Flor	ida street addres	3		
	Ju r	ic BEAC	۱-۱ Fb.	orida	33408	
		City			Zio 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>	Address	Type of Action
<u>-</u>			Add
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aled DECEMBER 7 2017	earli e r o								
Signature of a member or authorized representative of a member	earli e r o			·	2017	7	EMBER	D&C.	ated

Page 3 of 3

Filing Fee: \$25.00