

L15000212647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

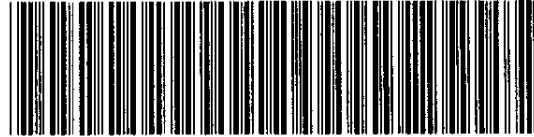
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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16 AUG 15 AM 8:54
16 AUG 15 PM 1:17
TO AGENCY OF FILING
SUFFICIENCY OF FILING

AUG 16 2016

Y SULKER

DEPARTMENT OF STATE
ACCOUNT FILING COVER SHEET

Account Number FCA000000017
Date: 8-15-16
Requestor Name: Carlton Fields
Address: Post Office Drawer 190
Tallahassee, Florida 32302
Telephone: (850) 513-3619 - direct
(850) 224-1585
Contact Name: Kim Pullen, CP, FRP

Corporation Name: Case Nickel, LLC

Email Address: _____
Entity Number: L15000212647
Authorization: Kim Pullen

☒ Amendment
8-15-16
Certified Copy

☒ Certificate of Status

☐ New Filings

☐ Plain Stamped Copy

☐ Annual Report

☐ Fictitious Name

☒ Amendments
Amended Articles

☐ Registration

(X) Call When Ready

(X) Call if Problem

() After 4:30

(X) Walk In

() Will Wait

(X) Pick Up

CF Internal Use Only

Client: 23271 Matter: 81317

Name: N. Linnan Office: TLN

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

CASE NICKEL, 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 December 29, 2015 and assigned
Florida document number L15000212647

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

2359 Seminole Rd.

(Principal office address MUST BE A STREET ADDRESS)

Atlantic Bch., FL 32233

Enter new mailing address, if applicable:

2359 Seminole Rd.

(Mailing address MAY BE A POST OFFICE BOX)

Atlantic Bch., FL 32233

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

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

_____, 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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------|-------------------------|--|
| MGR | Stephen T. Jenkins | 1962 Colina Ct. | <input type="checkbox"/> Add |
| | | Atlantic Bch., FL 32233 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Samuel S. Jacobson | 2359 Seminole Rd. | <input checked="" type="checkbox"/> Add |
| | | Atlantic Bch., FL 32233 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input checked="" type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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AUG 5 AM 8:55
 ALABAMA STATE TONRIS

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Withdrawal of the following Members leaving as the sole remaining Members, Samuel S. Jacobson and

Judith A. Jacobson

Charles Donald Wiggins and Mary Theresa Frosio, Trustees of Charles D. Wiggins Living Trust dated

February 20, 2014

Amy S. Lencolos

Allen B. Serkin

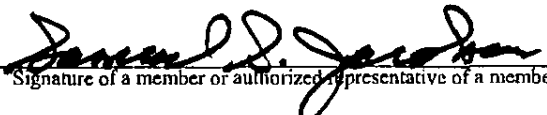
Steven J. Jenkins, Trustee of Steven J. Jenkins Living Trust U/A

16 AUG 15 AM 8:54
CLERK OF SUPREME COURT
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)
(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)
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.

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.

Dated August 10, 2016


Signature of a member or authorized representative of a member

Samuel S. Jacobson

Samuel S. Jacobson
Typed or printed name of signee