115000213008

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(Cit	ty/State/Zip/Phone	e #)
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C. GOLDEN MAY 1 5 2019

COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	NUCORE F	PRODUCTS, LLC		
SUBJECT	• • • • • • • • • • • • • • • • • • • •	Name of Limi	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	idence concerning this matter	to the following:	
		BRAD MCCUMBER		
		NUCORE PRODUCTS, LL	Name of Person	
		1823 SW 54th street	Firm/Company	
		CAPE CORAL, FL 33914	Address	<u> </u>
		bradmccumber@charter.ne	City/State and Zip Code t	
		E-mail address: (to be used for future annual report notifi	cation)
For further in	nformation co	oncerning this matter, please ca	all:	
BRAD MC	CUMBER		239 699-1394 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$ 25.00 F	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:

TO:

Registration Section

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

EILED

2019 HAY -2 PM 5: 02

NUCORE PRODUCTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number ____L15000213008 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address _. Florida _

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.

City

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>	Type of Action
MGR	SONYA MCCUMBER	1823 SW 54th St. Cape Coral, FL, 33914	□ Add
		- · · · · · · · · · · · · · · · · · · ·	■ Remove
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	st be specific and cannot be prior to date of look does not meet the applicable statu	(optional) iling or more than 90 days after filing.) Pursuant to 605.03 ory filing requirements, this date will not be listed
he record specifies a delayed The 90th day after the rec		ective time, at 12:01 a.m. on the earlier
APRIL 26	2019	
R. 4.1	Signature of a member or authorized repr	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00