

L16 0000005656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

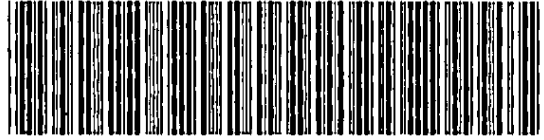
(Business Entity Name)

(Document Number)

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10/29/21
T.A.S

2021 OCT 18 AM 8:48
TALLAHASSEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NESSCO CONSTRUCTION, 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:

Noa Hen

Name of Person

Dedicated CPA

Firm/Company

7520 NW 5th ST Suite 103

Address

Plantation, FL 33317

City/State and Zip Code

amanda@dedicatedcpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Noa Hen

at (305) 423-9993

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 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 Address:

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

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

NESSCO CONSTRUCTION, 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 01/07/2016 and assigned Florida document number 11600005656.

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

MGN Consulting INC

New Registered Office Address:

900 Biscayne Blvd APT 3301

Enter Florida street address

Miami

Florida

33132

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.

KLMogel
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	Tal Magen		<input type="checkbox"/> Add
		900 Biscayne BLVD APT 3301 Miami, FL 33132	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MGN Consulting INC		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		900 Biscayne BLVD APT 3301 Miami, FL 33132	<input checked="" type="checkbox"/> Change
AMBR	Mazor Group INC	7901 Hispanola AVE Apt 806 North Bay Village, FL	<input checked="" type="checkbox"/> Add
		33141	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 DEPARTMENT
 1500 N. BAY ST. #100
 MIAMI, FL 33132

