

L16000014089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

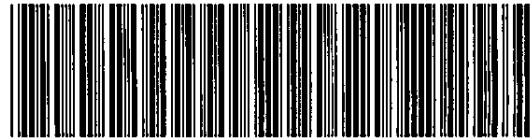
(Document Number)

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16 NOV 28 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2016

JUSTIN RICHARD NAMON
NAMON & CO
7184 SW 47 STREET
MIAMI, FL 33155

SUBJECT: NAMON & CO, LLC
Ref. Number: L16000014089

RECEIVED
2016 NOV 28 PM 5:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for NAMON & CO, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 716A00023879

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

NAMON & CO

(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 10/31/2016 and assigned
Florida document number L16000014089

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7184 SW 47 ST

MIAMI FL, 33155

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1825 PONCE DE LEON BLVD

UNIT #130

CORAL GABLES FL, 33134

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TALLAHASSEE, FLORIDA

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:

JAKOB WYATT NAMON

New Registered Office Address:

2919 SW 62 AVE

Enter Florida street address

MIAMI

City

Florida 33155

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>
P	RICHARD NAMON JR.	2919 SW 62 AVE	<input type="checkbox"/> Add
		MIAMI FL 33155	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	JUSTIN RICHARD NAMON	7184 SW 47 ST	<input type="checkbox"/> Add
		MIAMI FL, 33155	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
RA	JAKOB WYATT NAMON	2919 SW 62 AVE	<input checked="" type="checkbox"/> Add
		MIAMI FL, 33155	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

REMOVE RICHARD NAMON JR

ADD JAKOB WYATT NAMON AS RA

CHANGE JUSTIN RICHARD NAMON AS P

#475005149

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16 NOV 28 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

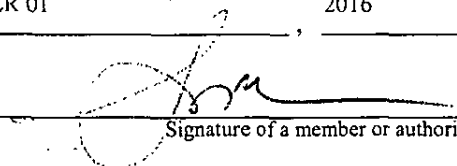
E. Effective date, if other than the date of filing: 11/01/16 (optional)

(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 NOVEMBER 01, 2016


Signature of a member or authorized representative of a member

JUSTIN RICHARD NAMON

Typed or printed name of signee