# 1160000 33890

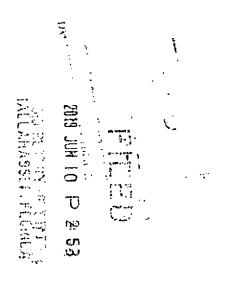
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

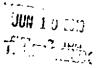
Office Use Only



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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: New Restoration UC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for tiling.
Please return all correspondence concerning this matter to the following:
Chester Neice
Name of Person  Name of Person  LLC  Firm/Company
6529 Flonda St.
Punta Gorda, Fl. 33450
Melce dry & amuil. Com E-mail address to be used for future annual report notification)
For further information concerning this matter, please call:
Mame of Person  Area Code  Object  Area Code  Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, 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





May 24, 2019

CHESTER NEICE 6529 FLORIDA ST PUNTA GORDA, FL 33950

SUBJECT: NEICE RESTORATION LLC.

Ref. Number: L16000033890

We have received your document for NEICE RESTORATION LLC. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You can not use the title owner.

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) 245-6050.

Tracy L Lemieux Regulatory Specialist II

SECTION TO PHIZE I

Letter Number: 919A00010592

## ARTICLES OF AMENDMENT TO

ARTICLES	S OF ORGANIZATION
	OF FILE
New Rester	ty Company as it now appears on our records.)
<b>(</b>	Company were filed on the Company were filed
The Articles of Organization for this Limited Liability Co Florida document number <u>L16000338</u>	89 0
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	
The new name must be distinguishable and contain the words "Limi	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	lessa Flonder St
(Principal office address MUST BE A STREET ADDR	RESSI PLANTA GOVAA, PJ. 33450
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	6529 Flonda St Ponta Gorda, F1. 33450
murch with the first the f	
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, enter the name of the new lress here:
Name of New Registered Agent:	Chester Neice
New Registered Office Address:	529 Honde St  Enter Florida street address
Pur	nta Gorda Florida 33950

#### 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

Zip Code

•			
If amending or removed	Authorized Person(s) authorized to from our records:	manage, enter the title, name, and address of ear	ch person being added
MGR = M AMBR = A	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Chester Neice	6529 Floria St Park Home FT	3345Z) BAdd
			Remove
			□ Change
AMBR	Chet Nuce	1005 Laullin Rel P.G. A.	3345D   Add
			Remove
			Change
			Remove
			Change
			D Add
			🗆 Remove
			Change
			🗆 Add
			Remove
			Change
			Add
			□ Remove
			□ Change

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(If an effective Note: If	te date, if other than the date of filing:
the reco ) The 9	ord specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. on the earlier of $90$ th day after the record is filed.
Dated _	MA 1 9th 2069  Signature of a member or authorized representative of a member
	Superior of a flooring or authorized representative of a member
	organitate or a memory of authorized representative or a memory

Page 3 of 3

Filing Fee: \$25.00