

L16 0000 34337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

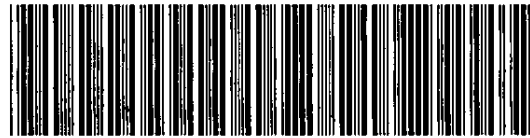
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600286367306

06/23/16--01014--015 **25.00

FILED
16 JUL -8 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 11 2016

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 24, 2016

JASMINE RODRIGUEZ
320 S BUMBY AVE STE 10
ORLANDO, FL 32803

SUBJECT: NANANA, LLC
Ref. Number: L16000034337

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

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document accordingly.

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 616A00013351

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NANANA, 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:

JASMINE RODRIGUEZ

Name of Person

BEST QUICK TAX RETURNS

Firm/Company

320 S BUMBY AVE STE 10

Address

ORLANDO FL 32803

City/State and Zip Code

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

For further information concerning this matter, please call:

JASMINE RODRIGUEZ

Name of Person

407 896-7921

at ()
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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

NANANA, 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 04/18/2016 and assigned
Florida document number L16000034337.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 127 W FAIRBANKS #137
WINTER PARK FL 32789
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: PO BOX 1148
WINTER PARK FL 32789
(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: Clara Herrera
New Registered Office Address: 127 W FAIRBANKS #137
Enter Florida street address
WINTER PARK, Florida 32789
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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AMBR	CLARA HERRERA	3713 ETHAN LANE	<input type="checkbox"/> Add
		ORLANDO FL 32814	<input checked="" type="checkbox"/> Remove

AMBR	CLARA HERRERA	PO BOX 1148	<input checked="" type="checkbox"/> Add
		WINTER PARK FL 32790	<input checked="" type="checkbox"/> Remove

MBR	JEHEREMY A CHARACO	3713 ETHAN LANE	<input type="checkbox"/> Add
		ORLANDO FL 32814	<input checked="" type="checkbox"/> Remove

MBR	JEHEREMY A CHARACO	PO BOX 1148	<input checked="" type="checkbox"/> Add
		WINTER PARK FL 32790	<input checked="" type="checkbox"/> Remove

MBR	AUGUSTO G ACCONCIAGIOCO	3713 ETHAN LANE	<input type="checkbox"/> Add
		ORLANDO FL 32814	<input checked="" type="checkbox"/> Remove

MBR	AUGUSTO G ACCONCIAGIOCO	PO BOX 1148	<input checked="" type="checkbox"/> Add
		WINTER PARK FL 32790	<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JUNE 17 2016

X 

Signature of a member or authorized representative of a member.

CLARA HERRERA

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

FILED
16 JUL -8 PM 3:50
CLERK OF STATE
TALLAHASSEE, FLORIDA