

L16000060894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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17 MAY -9 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

MAY 10 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 20, 2017

NICK WILLIAMSON **2ND ATTEMPT**
NEW ACRE REALTY, LLC
18302 HIGHWOODS PRESERVE
TAMPA, FL 33647

SUBJECT: NEW ACRE REALTY, LLC.
Ref. Number: L16000060894

We have received your document for NEW ACRE REALTY, 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 document must be signed by a member or an authorized representative of a member.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 217A00006147



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2017

NICK WILLIAMSON
18302 HIGHWOODS PRESERVE
TAMPA, FL 33647

SUBJECT: NEW ACRE REALTY, LLC.
Ref. Number: L16000060894

We have received your document for NEW ACRE REALTY, 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):

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Stacey M Warren
Regulatory Specialist II

Letter Number: 217A00006147

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NEW ACRE REALTY 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:

NICK WILLIAMSON

Name of Person

NEW ACRE REALTY LLC

Firm/Company

18302 HIGHWOODS PRESERVE

Address

TAMPA, FL 33647

City/State and Zip Code

NICKWILLIAMSON@KW.COM

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

For further information concerning this matter, please call:

NICK WILLIAMSON

813 447-9415
at ()

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/COURIER ADDRESS:

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

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

NEW ACRE REALTY, 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 03/22/2016 and assigned
Florida document number L16000060894.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NICHOLAS WILLIAMSON, LLC

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)

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

City

Florida

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

FILED
MAY - 9
11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

[illegible]

E. Effective date, if other than the date of filing: 03/20/2017 (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 **MARCH 20** 2017



Signature of a member or authorized representative of a member

NICK WILLIAMSON

Typed or printed name of signee

FILED
MAY - 9 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA