

L16000092592

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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WAIT

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(Business Entity Name)

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17 JUN 20 AM 7:06

CLERK OF COURT
JULIA M. HARRIS

D SCOTT
JUN 26 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 23, 2016

FREDERICK T NIXON JR
34 BLUEBERRY CIR
HAMPSTEAD, NH 03841

SUBJECT: ZEROLIMITS PROPERTIES LLC
Ref. Number: L16000092592

RECEIVED
2017 JUN 20 PM 5:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

The form you submitted is for a FL CORPORATION, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

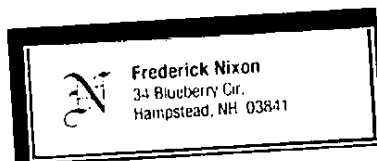
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 816A00025145

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17 JUN 20 AM 7:06
TALLAHASSEE, FLORIDA



Celeste Gosselin
603-489-8945

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Zerolimits Properties 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:

Celeste Gosselin & Frederick T Nixon JR
Name of Person

Zerolimits Properties LLC
Firm Company

34 Blueberry Circle
Address

Hampstead NH 03841
City/State and Zip Code

celestegosselinrvp@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Celeste Gosselin at (603) 489-8945
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

FILED
17 JUN 20 AM 7:06
TALLAHASSEE, FL

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

Zero Limits Properties 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 May 11, 2016 and assigned Florida document number L16 000092592

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)

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

Florida

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 an existing 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	Celeste Gosselin	34 Blueberry Circle	<input checked="" type="checkbox"/> Add
		Hampstead NH 03841	<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

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JUN 28 14 7:06
17

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).

(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

6/12/17, 2017

Signature of a member or authorized representative of a member

FREDERICK T. NIXON JR

Typed or printed name of signee