

# L16000107243

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : SMALL BUSINESS RESOURCES USA, INC.  
Account Number : I20040000173  
Phone : (407)298-4646  
Fax Number : (407)297-0588

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NOTE WRANGLERS LLC

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TALLAHASSEE, FLORIDA

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FAX AUDIT# H160002850893

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Note Wranglers 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:

James K. Duerr, CPA

Name of Person

Small Business Resources USA, Inc.

Firm/Company

1601 Park Center Drive, Ste. 6A

Address

Orlando, FL 32835

City/State and Zip Code

JimD@sbrorlando.com

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

For further information concerning this matter, please call:

James K. Duerr, CPA	407	298-4646
Name of Person	at (	) Daytime Telephone Number
	Area Code	

Enclosed is a check for the following amount:

<input type="checkbox"/> \$25.00 Filing Fee	<input checked="" type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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**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

FAX AUDIT# H160002850893

FAX ANOIT # H 16000285089 3  
**ARTICLES OF AMENDMENT**  
**TO**  
**ARTICLES OF ORGANIZATION**  
**OF**

FILED  
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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Note Wranglers 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 June 2, 2016 and assigned Florida document number L16000107243.

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

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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>
AMBR	Nancy A. Anderson	1170 Tree Swallow Drive, Ste. 101 Winter Springs, FL 32708	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Kathleen Postlewait	1170 Tree Swallow Drive, Ste. 101 Winter Springs, FL 32708	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add
			<input type="checkbox"/> Remove <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA  
RE: 239  
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. **Effective date, if other than the date of filing:** Immediately (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 1/1/16

Jennifer McNeatley Signature of a member or authorized representative of a member

Jennifer McMurray, AMBR

Typed or printed name of signer

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**Filing Fee: \$25.00**

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