

L16000110632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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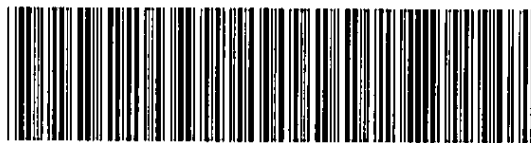
(Business Entity Name)

(Document Number)

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SEP 14 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: N14 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:

PAULO FACTOR

Name of Person

SAFETY TAX & BOOKEEPING

Firm/Company

6220 S ORANGE BLOSSOM TRL

Address

ORLANDO, FL 32809

City/State and Zip Code

safety@safetytax.com

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

For further information concerning this matter, please call:

PAULO FACTRO

407 888 4747

Name of Person

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**

X14 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 06/07/2016 and assigned
Florida document number L16000110632.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

16950 N BAY RD, #1715

SUNNY ISLES BEACH,

FL, 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

16950 N BAY RD, #1715

SUNNY ISLES BEACH,

FL, 33160

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:

16950 N BAY RD, #1715

Enter Florida street address

SUNNY ISLES BEACH


Florida 33160

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 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	DIOGENES G MOREIRA	16950 N BAY RD, #1715	<input type="checkbox"/> Add
		SUNNY ISLES BEACH	<input type="checkbox"/> Remove
		FL. 33160	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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Dated SEPTEMBER 9

2018

Signature of a member or authorized representative of a member

DIóGENES G. MOREIRA

Typed or printed name of signee