

L16000161692

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SEP 16 2016  
10 SEP 16 PM 1:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 19 2016  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NU IDEALS 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:

Cynthia M. Martin  
Name of Person

NU IDEALS LLC  
Firm/Company

531 SW NAGLE Place  
Address

Port Saint Lucie, FL 34953  
City/State and Zip Code

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

For further information concerning this matter, please call:

Cynthia M. Martin at ( 786 ) 397-4837  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

NU IDEALS 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 8/29/2016 and assigned Florida document number L16000161692.

This amendment is submitted to amend the following:

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

Same As Above

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)

Same

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

Same

**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:

Cynthia M. Martin

New Registered Office Address:

531 SW Nagle Place

Enter Florida street address

Port Saint Lucie

City

Florida 34953

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>
<u>MGR</u>	<u>Cynthia M. Martin</u>	<u>531 SW Nagle Place</u>	<input checked="" type="checkbox"/> Add
		<u>Port Saint Lucie, FL 34953</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Sophia A. Walden</u>	<u>531 SW Nagle Place</u>	<input type="checkbox"/> Add
		<u>Port Saint Lucie, FL 34953</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>SEC</u>	<u>OreH Martin, II</u>	<u>531 SW Nagle Place</u>	<input type="checkbox"/> Add
		<u>Port Saint Lucie, FL 34953</u>	<input checked="" 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"/> Remove
			<input type="checkbox"/> Change

SECURITY  
TALLAHASSEE  
FLORIDA  
15 SEP 11  
PM 03

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

Not Applicable

E. Effective date, if other than the date of filing: Same as filing date (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 9/8, 2016

  
Signature of a member or authorized representative of a member

Cynthia M Martin  
Typed or printed name of signer

16 SEP 16 PM 1:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA