

L16 000 163 915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

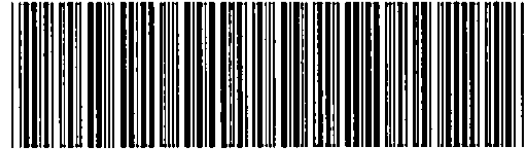
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

D. BRUCE  
AUG 11 2020

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NWB INTERNATIONAL 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:

PEDRO J GARCIA AGUAYO

Name of Person

NWB INTERNATIONAL LLC

Firm/Company

3381 SW 11TH AVE

Address

FORT LAUDERDALE, FL 33315

City/State and Zip Code

pgarcia@nationwide-battery.com

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

For further information concerning this matter, please call:

PEDRO J GARCIA AGUAYO

954

527-4640

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

SECRETARY OF STATE  
TALLAHASSEE, FL  
JAN 23 PM 5:19

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

NWB INTERNATIONAL 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 08/31/2016 and assigned  
Florida document number L16000163915.

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 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person or removed from our records:

MGR = Manager

AMBR = Authorized Member


| <u>Title</u> | <u>Name</u>           | <u>Address</u>            | <u>Type of</u>                          |
|--------------|-----------------------|---------------------------|---|
| MGR          | PEDRO GARCIA          | 3381 SW 11TH AVE          | <input type="checkbox"/> Ad             |
|              |                       | FORT LAUDERDALE, FL 33315 | <input checked="" type="checkbox"/> Rel |
|              |                       |                           | <input type="checkbox"/> Ch             |
| MGR          | PEDRO J GARCIA AGUAYO | 3381 SW 11TH AVE          | <input checked="" type="checkbox"/> Ad  |
|              |                       | FORT LAUDERDALE, FL 33315 | <input type="checkbox"/> Rel            |
|              |                       |                           | <input type="checkbox"/> Ch             |
|              |                       |                           | <input type="checkbox"/> Ad             |
|              |                       |                           | <input type="checkbox"/> Rel            |
|              |                       |                           | <input type="checkbox"/> Ch             |
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|              |                       |                           | <input type="checkbox"/> Rel            |
|              |                       |                           | <input type="checkbox"/> Ch             |
|              |                       |                           | <input type="checkbox"/> Ad             |
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|              |                       |                           | <input type="checkbox"/> Rel            |
|              |                       |                           | <input type="checkbox"/> Ch             |

SECRETARY OF STATE  
TALLAHASSEE, FL  
JUN 23 5:19 PM '19

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TALLAHASSEE  
JUN 29 1964

SECRETARY OF STATE  
TALLAHASSEE, FL  
JUN 29 PM 5:18  
160

Dated JUNE 19TH 2020

  
\_\_\_\_\_  
Signature of a member or authorized representative

Typed or printed name of signee

**Filing Fee: \$25.00**