

**L16000176516**

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(Requestor's Name)

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(City/State/Zip/Phone #)

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JAN 25 2017

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17 JAN 23 PM 3:57  
DIVISION OF REVENUE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The N.A.S. Group 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:

NIKKI AUSTIN-SHIPPI  
Name of Person

The N.A.S. Group LLC  
Firm/Company

2205 S. Cypress Bend Dr. Suite 203  
Address

Pompano Beach, FL 33069  
City/State and Zip Code

Nikki.Austinshipp@att.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nikki Austin-Shipp at ( 904 ) 805-3364  
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

The M.A.S. Group LLC

Page 1 of 3

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	Rodney D. Shipp	2805 S. Cypress Bend Dr.	<input type="checkbox"/> Add
		Suite 203	<input checked="" type="checkbox"/> Remove
		Pumpkin Bend Dr 33069	<input type="checkbox"/> Change
Inter President	Nikki Austin - Shipp	2805 S. Cypress Bend Dr.	<input checked="" type="checkbox"/> Add
		Suite 203	<input type="checkbox"/> Remove
		Pumpkin Bend Dr 33069	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SECTION OF THE CLERK OF THE DISTRICT COURT

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

17 JAN 23 PM 3:58

11

**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 January 18, 2016

Signature of a member or author

Nilesh Anshu - Singh  
Typed or printed name

Typed or printed name of signee