

216000177162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

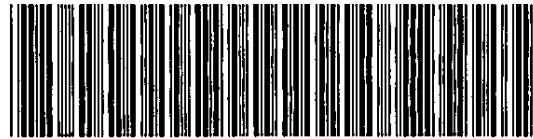
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300290844953

10/06/16--01009--002 **25.00

FILED
16 OCT -6 PM 2:07
TALLAHASSEE, FLORIDA

OCT 07 2016
Y SULKER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NEAT N TIDY 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:

ZEINEFF HORTON

Name of Person

NEAT N TIDY LLC

Firm/Company

2128 55TH ST SW

Address

NAPLES FL 34116

City/State and Zip Code

info@foleyfornesicaccg.com

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

For further information concerning this matter, please call:

Albalucia Foley

239 300-6660
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

NEAT N TIDY 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 SEPTEMBER 18, 2016 and assigned Florida document number L16000177162.

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)

2128 55 TH ST SW

NAPLES FL 34116

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P O BOX 188

NAPLES FL 34106

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:

FOLEY FORENSIC ACCOUNTING LLC

New Registered Office Address:

4100 CORPORATE SQUARE, SUITE 114

Enter Florida street address

NAPLES


City

, Florida 34104

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.


Foley Forensic Accounting
If Changing Registered Agent, Signature of New Registered Agent
foleyforensiccag.com

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>
P	ZEINEFF HORTON	2128 55TH ST SW	<input checked="" type="checkbox"/> Add
		NAPLES FL 34116	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	STELLA QUINTERO	2128 55 TH ST SW	<input type="checkbox"/> Add
		NAPLES FL 34116	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

JH.

16 OCT 1 10 07 PM
STELLA QUINTERO

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

THE INFORMATION REPORTED IN SUNBIZ IS TOTALLY WRONG. WE DON'T KNOW WHERE THE

NAME OF ESTALLA QUINTERO AS MANAGER CAME FROM, WE DID NOT TYPED THAT INFORAMTI

ALSO THE REGISTERED AGENT ADRESS IS WRONG AS WELL.

Alfonso
Z.H.

EIN # 81-3866214

E. Effective date, if other than the date of filing: 09/18/2016 **(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.

16 OCT - 6 PM 2017
RECEIVED
DEPT. OF STATE

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

September 26, 2016

[Signature]

Signature of a member or authorized representative of a member

ZEINEFF HORTON (P)

Typed or printed name of signee