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COVER LETTER

TO: Registration Se Division of Cor			
Ninigret As	sociates, LLC		
SUBSECT.	Name of Limi	ted Liability Company	
	Amendment and fee(s) are submodence concerning this matter to	-	
r tease return an correspe	Stuart C. Wardlaw	to the following.	•
	<u> </u>	Name of Person	
	Stuart C. Wardlaw, P.A.		
		Firm/Company	
	2501 East Commercial Bou	ilevard, Suite 214	
		Address	
	Fort Lauderdale, FL 33308		
		City/State and Zip Code	
	wardlawcpa@yahoo.com E-mail address: (t	o be used for future annual report notific	cation)
For further information c	oncerning this matter, please ca	### 131,125 ### 152,000 ### 152,000 ### 152,000	. N. 4.77
Stuart C. Wardlaw		954 928-0080 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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

Ninigret Associates, LLC			
(<u>Name of the Limited Li</u> (A F	ability Company as it now a lorida Limited Liability Com	ppears on our recor	rds.)
The Articles of Organization for this Limited Liabili	ity Company were filed	on November 22, 2	and assigned
Florida document number L16000213964	·		
This amendment is submitted to amend the following	g: authorized	Person to	o Manage.
A. If amending name, enter the new name of the	limited liability compa	ny here:	3 1
		•	£ = 1
The new name must be distinguishable and contain the words	"Limited Liability Company,	"the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET A	DDRESS)		
			¥t '
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	Ю		
	<u></u>		
B. If amending the registered agent and/or r		ss on our recor	ds, 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:			
	Eni	er Florida street addr	ess
		, F	lorida
	City	<u> </u>	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:

إستر

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Stuart C. Wardlaw	942 South Topaz Avenue	☐ Add
		Key Largo, FL 33037	■ Remove
			Change
MGR	Adele M. Hopkins	942 South Topaz Avenue	■ Add
		Key Largo, FL 33037	☐ Remove
			☐ Change
			Alld C
			Remove :
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effective date is listed, the date mue: If the date inserted in this b	lock does not meet	t the applicable st	of filing or more tha atutory filing requ	n 90 days after filing irements, this date	.) Pursuant to 605.02 will not be listed
ment's effective date on the I	epartment of State	e's records.			
ecord specifies a delaye	d offortivo dat	o but not an	offactiva tima	at 17:01 a m	on the earlier
ne 90th day after the re		e, but not an	inective time,	at 12.01 a.m.	On the earlier
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Page 3 of 3

Filing Fee: \$25.00