4700067658

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/s	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nar	me)
(Доси	iment Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ling Officer;	

Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor				
		DLUTIONS LLC			
SUB	JECT:		ited Liability Company		
The e	enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.		
Pleas	e return all correspo	ndence concerning this matter	to the following:		
		ERWIN ANDERSEN			
			Name of Person		
		NULINE SOLUTIONS LE	.С		
Firm/Company					
		908 RIVERSCAPE STREE	ĒΤ		
			Address		
		BRADENTON FLORIDA	34208		
			City/State and Zip Code		
		erwin@nulinesolutions.com			
			to be used for future annual report notific	ration)	
For fi	urther information co	oncerning this matter, please ca	all:		
ЮН	NNY E WAMMOC	K	941 465-9465		
•	Name of	f Person	at () Area Code Daytime	Telephone Number	
Enclo	osed is a check for th	e following amount:			
S	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

量の

NULINE SOLUTIONS LLC		17 D
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)	E1/20 E1/20
The Articles of Organization for this Limited Liability Con Florida document number <u>L17000067658</u>	mpany were filed on MARCH 24, 2017	and assigned
This amendment is submitted to amend the following:		09
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE.		
Enter new mailing address, if applicable:	PO BOX 24, PALMETTO, FLOR	IDA 34220
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:		nter the name of the new
	Emer Florida street address	
<u></u>	, Floric	la Zıp 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>	Address	Type of Action
MGR	JOHNNY E WAMMOCK	PO BOX 24 PALMETTO, FL 34220	
			Remove
			Change
			□ Remove
			Change
			□ Add
			Remove
			Change
			Remove
			Change
			□ Remove
			Change
			Add
			□ Remove
			□ Change

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ective date, if other than the effective date is listed, the date in	iust be specific and	l cannot be prior (o date of filing or it	option (option of that 90 days after	filing.) Pursuant to 605.02
e: If the date inserted in this ument's effective date on the	block does not n Department of S	neet the applica state's records.	ble statutory filin	g requirements, this	s date will not be listed
record specifies a delay ne 90th day after the re		late, but not	an effective !	ime, at 12:01 a	a.m. on the earlier
DECEMBER 18		2018			
Bank	- 10	Hinse	rized representative		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00