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SECRETARY OF STATE

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COVER LETTER

Division of Corporations
SUBJECT: Nurture Communication 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:
Natalie Van Randwyk Name of Person
Nurture Communication LLC Firm/Company
187 Red Maple Way
Niceville, FL. 32578 City/State and Zip Code
nurture @ cox.net
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Natalic Van Randwyk at (850) 368-3326 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigcup \text{\$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$\$ 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

Nurture Co (Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L1700007515</u>	, , , , , , , , , , , , , , , , , , , ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	<u>'SS)</u>
	AA
Enter new mailing address, if applicable:	APR APR
(Mailing address MAY BE A POST OFFICE BOX)	SSE
	· E
	. Cox - C
B. If amending the registered agent and/or register registered agent and/or the new registered office addre	red office address on our records, enter the name of the new
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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
Mar	Natalie Van Randu	wyk 187 Rea Maple Way	<u>√</u> Ø Add
		wyk 187 Rea Maple Way Niceville, FL. 32578	□ Remove
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e date, if other than the date of filing: tive date is listed, the date must be specific and cannot be prior to date of filing or more the the date inserted in this block does not meet the applicable statutory filing requir's effective date on the Department of State's records.	(optional) han 90 days after filing.) Pursuant to 605.02	207 (as t
rd specifies a delayed effective date, but not an effective time of the day after the record is filed.	e, at 12:01 a.m. on the earlier	of:
April 11 , 2017.		
Signature of a member or authorized representative of a r	member	
Natalie VanRandwyk		

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Filing Fee: \$25.00