L17000173151

(Requ	uestor's Name)	
(Addı	ess)	
(Addı	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nan	ne)
- (Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



900308586009

02/08/18--01023--006 **25.00

18 FEB -8 PM 6: 04

SECRETARY OF STATE TALLAHASSEE, FLORIDA

LAW OFFICES ALAN FRANCIS RUF

Admitted in Florida and New York

GALLERÍA CORPORATE CENTRE - SUITE 506 - 2455 EAST SUNRISE BOULEVARD - FORT LAUDERDALE, FLORIDA 33304-3119

(954)561-2230

FAX (954) 561-7489 Email: paralegal@alanruflaw.com

February 5, 2018

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Via FedEx Only

Re:

Articles of Amendment Nestor & Sayonara, LLC

FDN: L17000173151

Dear Sir or Madam:

Please find enclosed the following Articles of Amendment to the Articles of Organization of NESTOR & SAYONARA, LLC. The changes are as follows:

- 1. The Pricipal and Mailing Address has been changed to: 11830 Kalmar Circle, North, Parkland Florida 33076
- 2. The Names of the Managers are: Nestor Galvez & Sayonara Galvez

Finally, please find enclosed a Check in the amount of Twenty-Five (\$25.00) Dollars representing the filing Fee.

Should you need anything further, please do not hesitate to contact this office and thank you.

Sincerely,

TESHANA L. PRYOR

Legal Assistant to Alan Francis Ruf, Esq.

Attorney at Law

Enclosures

COVER LETTER

Divis	sion of Corpo	rations		
SUBJECT:	NESTOR & S	AYONARA, LLC		
		Name of Limite	ed Liability Company	
The enclosed	Articles of An	nendment and fee(s) are subm	sitted for filing.	
Please return a	all correspond	ence concerning this matter to	the following:	
		NESTOR GALVEZ		
			Name of Person	
Firm/Company				
			• •	
		11830 KALMAR CIRCLE	NORTH	
			Address	
		PARKLAND, FLORIDA 33	3076	
City/State and Zip Code				
-		GALVEZN@ICLOUD.COM		
		E-mail address: (to	be used for future annual report notificat	ion)
For further inf	formation con	cerning this matter, please cal	l:	
NESTOR GA	LVEZ		954 790-5329 at ()	
	Name of P	erson	Area Code Daytime Te	lephone Number
Enclosed is a	check for the	following amount:		
\$25.00 Fil	ling 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:

TO:

Registration Section

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**

NESTOR & SAYONARA, LLC (Name of the Limited Liv	ability Compar	ny as it now appears on our record; iability Company)	<u>.</u>		
The Articles of Organization for this Limited Liability Florida document number L17000173151				and assigne	ed
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the	<u>limited liabi</u>	lity company here:			
The new name must be distinguishable and contain the words	'Limited Liabili	ity Company," the designation "LLC"	" or the abbreviat	tion "L.L.C.") ,
Enter new principal offices address, if applicable:		11830 KALMAR CIRCLE NO	RTH		
(Principal office address MUST BE A STREET AL	DDRESS)	PARKLAND, FLORIDA 3307	6	 	₹~
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	11830 KALMAR CIRCLE NO PARKLAND, FLORIDA 3307		FEB -9 PM 6: Du	ECRETARY OF STATI LAHASSEE, FLORIO
B. If amending the registered agent and/or registered agent and/or the new registered office a			, enter the r	•	he nev
Name of New Registered Agent:					
New Registered Office Address:	1830 KALMA	R CIRCLE NORTH Enter Florida street address			
PA	ARKLAND		orida <u>33076</u>		
	,	City	Zip	o Code	
New Registered Agent's Signature, if changing Regist	tered 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	NESTOR GALVEZ	_	🗅 Add
			□ Remove
		11830 Kalmor Circle N. Parkland Fl 33076	© ☐ Change
MGR	SAYONARA GALVEZ		Add
			□ Remove
		11830 Kalnrie Circle N., Parkland, FL 33	76 Change
		<u> </u>	□ Add
•			Remove
٠			Change
	 		Add
			Remove
			Change
		_	□ Add
			□ Remove
			Change
		·	□ Add
			Remove
			☐ Change

, ,	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	* The state of the	
		TAE'
		LAH.
	<u> </u>	ASSE
	3	E
		ORII
		A
•		
•		
•		
(If an cf : <u>Note</u>	tive date, if other than the date of filing: (optional) (fective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nent's effective date on the Department of State's records.	0207 (d as t
he re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie a 90th day after the record is filed.	r of:
Dated	Mestr Tilver	
	Signature of a member of authorized representative of a member	
	NESTOR GALVEZ, MGR	

Page 3 of 3

Filing Fee: \$25.00