# U700183432

(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:





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02/21/18--01002--020 \*\*25.00





### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2018

BLAKE BAYNHAM 420 S STATE RD 7 SUITE 122 WEST PALM BEACH, FL 33414

SUBJECT: NICHOLAS HOUSE, LLC

Ref. Number: L17000183432

We have received your document for NICHOLAS HOUSE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please type or print name of signee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 418A00003692

RECEIVED

## **COVER LETTER**

TO: Registration So Division of Cor			
Nicholas H	ouse LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Blake Baynham		
		Name of Person	
	Ally Recovery Group		
		Firm/Company	
	420 S State Rd 7 Suite 122	:	
		Address	
	West Palm Beach, FL 334	14	
		City/State and Zip Code	
	blake@allyrecovery.com		
	E-mail address: (	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please co	all:	
Blake Baynham		561 2677096 at ( )	
	of Person		Telephone Number (2)
Enclosed is a check for t	he following amount:		空 一
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Ree, 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

Nicholas House LLC				
(Name of the Lin	nited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	·	
The Articles of Organization for this Limited	Liability Company were filed on $\frac{08/2}{2}$	28/2017	and assig	ned
Florida document number L17000183432	·			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liability company her	<u>re</u> :		
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	signation "LLC" or th	e abbreviation "L.L.	<u>C."</u>
Enter new principal offices address, if appl	icable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u> </u>		ALL MAIN	6 - 200 mm
B. If amending the registered agent an		our records, <u>ent</u>		i
registered agent and/or the new registered	office address nere:			
Name of New Registered Agent:	Blake Baynham		80 %	
New Registered Office Address:	Est a Cloud	la street address	••	
	emer pioria	ш меен иштем		
	City	, Florida	Zip Code	
	$\cup n_Y$		z.g/ Coae	

### 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	Nyk Hamiwka	915 Ardmore Rd	□ Add
		West Palm Beach, FL 33401	■ Remove
			Change
P	Nicholas F Albanese III	881 Camellia Dr	
		Royal Palm Beach, FL 33411	■ Remove
			☐ Change
P	Blake Baynham	231 Palm Beach Plantation Blvd	<b>Z</b> Add
		Royal Palm Beach, FL 33411	☐ Remove
			Change
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				***************************************		
ective date	e, if other than the da	te of filing:			(optional)	
n effective da ste: If the di	ate is listed, the date must be ate inserted in this block	: specific and cann : does not meet (	ot be prior to date of the applicable state	filing or more than 90 story filing requirers	days after filing.) in	Pursuant to 605.020 vill not be listed a
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The 90th	day after the record	d is filed.			A C	2018 2018
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Filing Fee: \$25.00