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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : BOWEN, SCHROTH, MAZENKO & BROOME, P.A.
Account Number : 120150000108
Phone : (352) 589-1414
Fax Number : (352) 589-1726

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: markceleb@aol.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WE'RE NUTS II, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WERE NUTS II, 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:

MARK DIXON

Name of Person

Firm/Company

411 N. Donnelly St. Suite #104

Address

Mount Dora, FL 32757

City/State and Zip Code

markceleb@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Dixon

585 820-6333
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

Audit No. H16000308383 3

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

WERE NUTS II, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/19/2017 and assigned
Florida document number L17000194665.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

411 N. Donnelly St. Suite #104Mount Dora, FL 32757

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

411 N. Donnelly St. Suite #104Mount Dora, FL 32757

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Mark Dixon

New Registered Office Address:

411 N. Donnelly St. Suite #104

Enter Florida street address

Mount DoraFLFlorida

City

32757

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

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	Mark Dixon	411 N. Donnelly St, Suite #104	<input type="checkbox"/> Add
		Mount Dora, FL 32757	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	IVAN SABINO SAMO ANGLER	1689 STRATHMORE CIRCLE	<input type="checkbox"/> Add
		MOUNT DORA, FL 32757	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
T	IVAN SABINO SAMO ANGLER	1689 STRATHMORE CIRCLE	<input type="checkbox"/> Add
		MOUNT DORA, FL 32757	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

SECRETARY OF THE ARMY
WASHINGTON, D.C. 20315

F. Effective date, if other than the date of filing: December 8, 2017 (optional)
(If an effective 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 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

Signature of a member or authorized representative of a member

Mark Dixon

Typed or printed name of signee