

L17000201492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

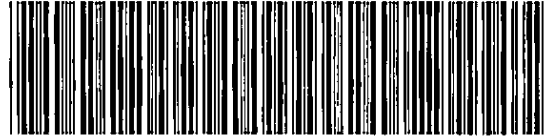
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600318698806

09/26/18--01018--008 **60.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 SEP 26 AM 3:25

FILED

K SALY
OCT - 1 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WilPowerNaplesNHT 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:

William Barnes

Name of Person

Hair By Wil

Firm/Company

111A West Oak Street

Address

Arcadia, FL 34266

City/State and Zip Code

wil.j.barnes@gmail.com

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

For further information concerning this matter, please call:

William Barnes

917 8054331

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

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

FILED
18 SEP 26 AM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WillPowerNaplesNHT 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 9/24/2018 and assigned
Florida document number L17000201492.

This amendment is submitted to amend the following:

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

NIPPERS & CLIPPERS, LLC

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:

107 W Oak Street

(Principal office address MUST BE A STREET ADDRESS)

Apt 213

Arcadia, FL 34266

Enter new mailing address, if applicable:

111A W Oak Street

(Mailing address MAY BE A POST OFFICE BOX)

Arcadia, FL 34266

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:

James J. Arpper

New Registered Office Address:

111A W Oak Street

Enter Florida street address

Arcadia

Florida 34266

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, 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>
AMBR	James M Nipper	107 W Oak Street #213 Arcadia, FL 34266	<input checked="" 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
			<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

FILED
18 SEP 26 AM 3:25
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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

I would like to add James M Nipper to my LLC as half owner, as well as change the LLC name

and registered owner address. We need a new Certificate of Ownership.

FILED
18 SEP 26 AM 3:25
CLERK OF STATE
TALLAHASSEE, FLORIDA

09/22/2018

E. Effective date, if other than the date of filing: _____ **(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)

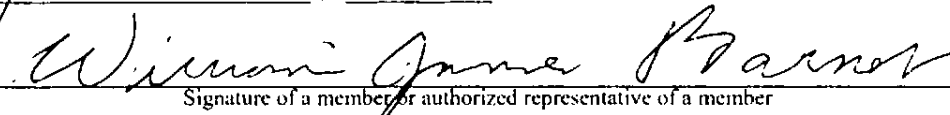
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

9/24/2018


Signature of a member or authorized representative of a member

William Barnes

Typed or printed name of signee