

7/20/2020

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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

From:  
Account Name : INTERNATIONAL DIVISION BY LARSON LLC  
Account Number : I20190000106  
Phone : (407)982-2239  
Fax Number : (407)370-3120

R WHITE  
JUL 21 2020

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

Email Address: FERNANDA.ID@LARSONACC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
NLFB LLC

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

RECEIVED

2020 JUL 21 PM 4:26

2020 JUL 21 PM 10:53

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

2020, 7/21/2020 11:53

NLFB 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 10/05/2017 and assigned  
Florida document number L17000206849.

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)

7901 KINGSPONTE PKWY STE 15

ORLANDO, FL 32819

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7901 KINGSPONTE PKWY STE 15

ORLANDO, FL 32819

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:

INTERNATIONAL DIVISION BY LARSON LLC

New Registered Office Address:

7901 KINGSPONTE PKWY STE 15

Enter Florida street address

ORLANDO

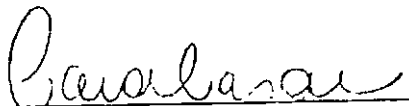
City

Florida 32819

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

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NLFB 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:

CAROLINE LARSON

Name of Person

INTERNATIONAL DIVISION BY LARSON LLC

Firm/Company

7901 KINGSPONTE PARKWAY STE 15

Address

ORLANDO, FL 32819

City/State and Zip Code

FERNANDA.ID@LARSONACC.COM

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

For further information concerning this matter, please call:

CAROLINE LARSON

407

370 3686

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

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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 645.0207 (3)(b)

Dated 07 JULY, 2020

TAMARA LEBEDEV F. BERENGUEL

**Filing Fee: \$25.00**