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J. HARRIS

H 626 H 14129 H

COVER LETTER

	tion Section of Corporations	
SUBJECT:	NIETO	L.L.C.
SUBJECT:		Name of Limited Liability Company
	E	1
The enclosed Artic	cles of Amendment	and fee(s) are submitted for filing.
Please return all co	orrespondence conc	erning this matter to the following:
	1	
		Courtney Wernette
	,	Name of Person
		Inc Authority, Inc.
		l Firm/Company
		5605 RIGGINS COURT, STE. 200
	1	, Address
	1	 RENO NV 89502
	- i -	City/State and Zip Code
		docs@incauthority.com
		E-mail address: (to be used for future annual report notification)
For further inform	ation concerning th	is matter, please call:
Courtney	Wernette.	at(800) 638-2320 ext. 2207
:	Name of Person	Area Code Daytime Telephone Number
Enclosed is a chec	k for the following	amount:
☒ \$25.00 Filing	Fee Es30.00 Čerti	Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Gertified Copy Certificate of Status & Certified Copy Gadditional copy is enclosed: Certified Copy
	 	1
	MAILING ADDR	
	Registration Section Division of Corpora	
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32.	

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

NIETO L.L.C.	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w	ere filed on 10/13/2017 and assigned
Florida document number <u>L17000212612</u> .	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liability</u>	ty 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)	
1 1	
	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	···
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	E. B. M.
	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signatur'e, if changing Registered Agent:	

1

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>	Name	<u>Address</u>	Type of Action
MGR	JESUS ALEJANDRO	5238 Emory Cir	iilAdd
		Jacksonville, FL 32207	Remove
			Change
MGR	NIETO QUINTERO	5238 Emory Cir	₩Add
	1 1	Jacksonville,FL 32207	Remove
			Change
MGR	JESUS ALEJANDRO	5238 Emory Cir	_[X]Add
	NIETO QUINTERO	Jacksonville, FL 32207	₩Remove
	;		
MGR	JUAN CARLOS	5238 Emory Cir	
	NIETO QUINTERO	Jacksonville, FL 32207	WRemove
			Li Change
			EAĀĀ' ·
			Remove
	<u> </u>		Change
			<u> II</u> Remove
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ir amending any office	information, enter change(s) here: (Attach additional sheets, if necessary.	<i>'</i>
		
		
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Note: If the date inserted document's effective date	than the date of filing: date must be specific and cannot be prior to date of filing or more than 90 days after filing.) in this block does not meet the applicable statutory filing requirements, this date won the Department of State's records. delayed effective date, but not an effective time, at 12:01 a.m. of the record is filed.	vill not be listed as
·		
Dated11/29	. 2017	
	Signature of amember of authorized representative of a member	, D.D.
	Signature of Amember of authorized representative of a member	030
	JESUS ALEJANDRO NIETO QUINTERO Typed or printed name of signee	<u> </u>
	Types or prince mane or righter	. IH2: -
	Page 3 of 3	5: -
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Filing Fee: \$25.00