

L17000222929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

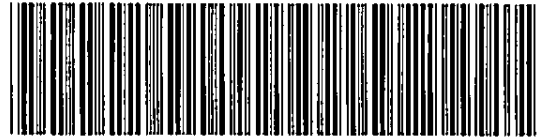
(Business Entity Name)

(Document Number)

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11/02/17--01026--008 \*\*25.00

FILED  
17 NOV 16 PM 1:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. LEGGETT  
NOV 16 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 3, 2017

NANCY BROWNE  
9255 SW 99 ST  
MIAMI, FL 33176 US

SUBJECT: N&L SERVICE, LLC  
Ref. Number: L17000222929

We have received your document for N&L SERVICE, 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 enclosed document(s) does/do not meet our filing requirements. Therefore, we are enclosing our appropriate form(s) and/or instructions.

Please return the corrected original and one copy of 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.

Judy A Leggett  
Regulatory Specialist II  
Registration Section

Letter Number: 517A00022359

2017 NOV 16 PM 12:33

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: N & L Service, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nancy Browne  
Name of Person

Firm/Company

9255 SW 99 St  
Address

Miami FL 33174  
City/State and Zip Code

nancybrowne17@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Browne  
Name of Person

at ( 786 )  
Area Code

543-8800  
Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

*already  
sent*  
CR21062 (9/15)

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: Nd h Service, LLC

**SECOND:** The Florida Document number of the limited liability company is: L17000222929

**THIRD:** Document to be corrected is: Articles of Organization - Article V

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Article V change effective date from 1/1/18  
to 11/10/2017  
I made an error.

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

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17 NOV 16 PM 1:59  
STATE OF FLORIDA  
TALLAHASSEE

**OR**

- ☐ The electronic transmission of the record was defective.

James H. Hesse 11/10/17  
Signature of Authorized Representative Date

Signature of new registered agent, if applicable : ( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**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.*

\_\_\_\_\_  
Registered Agent's Signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)