

L18000001513

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : TRANSAMERICA ACCOUNTING & SERVICES INC
Account Number : I20090000046
Phone : (239)274-8290
Fax Number : (239)415-7373

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

Email Address: aguinaldocastanheira@hotmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NICAST HOMES LLC

Certificate of Status	0
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Corporate Filing Menu

JUN 27 2018
J. HARRIS
Help

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NICAST HOMES 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:

DEBORA FORTUNATO

Name of Person

TRANSAMERICA ACCOUNTING & SERVICES, INC.

Firm/Company

3940 METRO PKWY, STE 110

Address

FORT MYERS, FL 33916

City/State and Zip Code

TRANSAMERICA_ACCT@YAHOO.COM

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

For further information concerning this matter, please call:

AGUINALDO JOSE O CASTANHEIRA

at (239) 244-6394

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

2/5

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NICAST HOMES 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 01/02/2018 and assigned
Florida document number L18000001513.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3401 WINKLER AVE EXT #103

FORT MYERS, FL 33916

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:

AGUINALDO JOSE O CASTANHEIRA

New Registered Office Address:

3401 WINKLER AVE EXT #103

Enter Florida street address

FORT MYERS

City

Florida 33916

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

As an Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H1800018781

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

06-26-18 10:54 : From: Transamerica To: 8506176383 : 2394157373 = 5/ 5
17. Amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) H1 800018784

NEW ADDRESS

Title MGR

CASTANHEIRA, AGUINALDO JOSE O

3401 WINKLER AVE EXT #103

FORT MYERS, FL 33916

Title MGR

D F CASTANHEIRA, NIAGARA L

3401 WINKLER AVE EXT #103

FORT MYERS, FL 33916

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

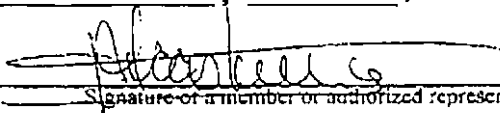
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 JUNE 25 2018



Signature of a member or authorized representative of a member

AGUINALDO JOSE O CASTANHEIRA

Typed or printed name of signer

2018 JUN 26 AM 8:01
FALL 2018
FALL 2018