

L18000006215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

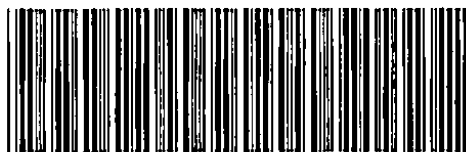
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UP  
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**TO: Registration Section  
Division of Corporations**

**SUBJECT: NUEIGHT 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:

CELINA HENRY

\_\_\_\_\_  
Name of Person

NUEIGHT PRINTS

\_\_\_\_\_  
Firm/Company

7460 NW 4TH ST #208

\_\_\_\_\_  
Address

PLANTATION FL 33317

\_\_\_\_\_  
City/State and Zip Code

NUEIGHTPRINTS@GMAIL.COM

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

REC-1717

For further information concerning this matter, please call:

CELINA HENRY

305

8795067

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

NUEIGHT 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 01/08/2018 an  
Florida document number 118000006215.

This amendment is submitted to amend the following:

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

NUEIGHT PRINTS LLC.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

6635 West Commercial Blvd

Suite 211 #104

Tamarac FL 33319

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

6635 West Commercial Blvd

Suite 211 #104

Tamarac FL 33319

**B. If amending the registered agent and/or registered office address on our records, enter the name of the agent and/or the new registered office address here:**

Name of New Registered Agent: CELINA HENRY

New Registered Office Address: 6635 West Commercial Blvd Suite 211 #104  
*Enter Florida street address*

Tamarac, **Florida** 33319  
*City Zip*

**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 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 filing 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**

or removed from our records.

**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>T</u>
AP	Justin Seays ✓	7200 w commerical blvd	
		Suite 204# 102	
		Lauderhill FL 33319	
AP	Audrey Jones ✓	7200 w commerical blvd	
		Suite 204# 102	
		Lauderhill FL 33319	
ASST	Michelle Jones ✓	7200 w commerical blvd	
		Suite 204# 102	
		Lauderhill FL 33319	
MGR	Audrey Jones ✓	6635 West Commercial Blvd	
		Suite 211 #104	
		Tamarac FL 33319	
MGR	Janet Jones ✓	6635 West Commercial Blvd	
		Suite 211 #104	
		Tamarac FL 33319	

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

CEO / Owner of the company name is Celina Henry

2021-11-11

**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.) Pursuan

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not 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 date the record is filed.

Dated 12/21

2020

12/21 2020

*Audrey Jones / Carlos Henry*

Signature of a member or authorized representative of a member

Audrey Jones / Celina Henry

Typed or printed name of signee

**Filing Fee: \$25.00**