

LIB000012429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Spoke to Robert K Nevens
who gave permission to add
the title AMBR.

Office Use Only



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04/09/18 -01004--003 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 APR 17 AM 10:37

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APR 17 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2018

ROBERT K NEVENS
548 MOUNT VERNON DR
VENICE, FL 34293

SUBJECT: R K NEVENS REMODELING, LLC
Ref. Number: L18000012429

We have received your document for R K NEVENS REMODELING, 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 title Mr cannot be used as title for an authorized person. Please correct and resubmit.

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.

Brittany M Figueroa
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 418A00007659

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R K Nevens Remodeling, 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:

Robert K. Nevens
Name of Person

Firm/Company

548 Mount Vernon Dr
Address

Venice FL 34293
City/State and Zip Code

RKDupont24@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert K. Nevens at (843) 602-3478
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

R/K Nevers Remodeling, 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 1/14/2018 and assigned
Florida document number L18000012429

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)

**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:

New Registered Office Address:

Enter Florida street address

City

Florida

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

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>
AMBR	Robert K. Nevers	548 Mount Vernon Dr	<input checked="" type="checkbox"/> Add
		Venice FL 34293	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
APR 7 2010

[illegible]

(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)

(b) The 90th day after the record is filed.

4/6/2018

Robert K. Newsoms

Signature of a member or authorized representative of a member

Robert K. Nevins

Typed or printed name of signee

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