

U8000012493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

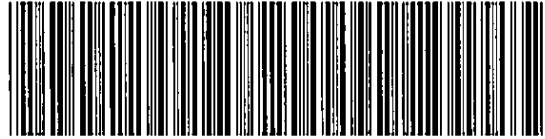
(Document Number)

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10/16/18--01003--017 \*\*25.00

FILED  
2018 OCT 15 AM 10:09  
SECRETARY OF STATE  
HARRISBURG, PA

2018 OCT 15 AM 9:45

M. MILLIGAN  
OCT 20 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** NUBIKON 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:

Raymond Peterson

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

Nubikon LLC

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

4989 SW 95th Ave

\_\_\_\_\_  
Address

Cooper City, FL 33328

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

nubikonllc@gmail.com

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

For further information concerning this matter, please call:

Raymond Peterson

407

24-8639

243-8639

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

at (\_\_\_\_\_) \_\_\_\_\_  
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

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

NUBIKON 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 1/16/2018 and assigned  
Florida document number L18000012493.

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:

4989 SW 95th Ave

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

Cooper City, FL 33328

Enter new mailing address, if applicable:

4989 SW 95th Ave

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

Cooper City, FL 33328

**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*

Florida

*City*

*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

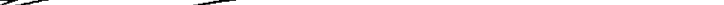
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>       | <u>Address</u>                                  | <u>Type of Action</u>                      |
|--------------|-------------------|-------------------------------------------------|--------------------------------------------|
| MGR          | Wardlaw, Wendi    | 1157 Hawkslade Court<br>Winter Garden, FL 34787 | <input type="checkbox"/> Add               |
|              |                   |                                                 | <input checked="" type="checkbox"/> Remove |
|              |                   |                                                 | <input type="checkbox"/> Change            |
| MGR          | Peterson, Raymond | 4989SW 95th Ave<br>Cooper City, FL 34787        | <input type="checkbox"/> Add               |
|              |                   |                                                 | <input type="checkbox"/> Remove            |
|              |                   |                                                 | <input checked="" type="checkbox"/> Change |
|              |                   |                                                 | <input type="checkbox"/> Add               |
|              |                   |                                                 | <input type="checkbox"/> Remove            |
|              |                   |                                                 | <input type="checkbox"/> Change            |
|              |                   |                                                 | <input type="checkbox"/> Add               |
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|              |                   |                                                 | <input type="checkbox"/> Change            |
|              |                   |                                                 | <input type="checkbox"/> Add               |
|              |                   |                                                 | <input type="checkbox"/> Remove            |
|              |                   |                                                 | <input type="checkbox"/> Change            |
|              |                   |                                                 | <input type="checkbox"/> Add               |
|              |                   |                                                 | <input type="checkbox"/> Remove            |
|              |                   |                                                 | <input type="checkbox"/> Change            |

[illegible]

**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.

Dated      October 1      ,      2018



Raymond Peterson

Typed or printed name of signee

**Filing Fee: \$25.00**

SECRET

2018 OCT 15 AM 10:03

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