118000029494

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
FARMSSEE FLORIDA

O SIMMONS MAR 1 6 2018



February 16, 2018

YORLAN GARCIA 1442 NE MIAMI CT APT 105 MIAMI, FL 33132

SUBJECT: NALROY ENTERPRISE LLC

Ref. Number: L18000029494

We have received your document for NALROY ENTERPRISE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corproation, but your entity is a Florida LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II

Letter Number: 818A00003358

RECEIVED

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OUVISION OF CORPORATION

TALLAHASSEE. FLORIDS

COVER LETTER

Division of Corp	porations			
SUBJECT: Nal	poy Ente	RPRISE LIC	2	•
	Name of Limit	ted Liability Company		
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspon	ndence concerning this matter t	o the following:		
	Maglen	Rodriguez Name of Person		
	Best transf	port and Car	mis Survices	Inc
	11117 W DKG	Eechobee Rd	ste 114.	
	Hialah &	Bardens FL City/State and Zip Code	33018	
	maykn@be E-mail address: (i	Starrier Survice o be used for future annual report notif	ication)	
For further information co	oncerning this matter, please ca	ıll:		
Mayhen Y.	Lodzinuz		1-1471	
Name of	Person J	Area Code Daytime	e Telephone Number	
Enclosed is a check for th	e 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:

TO:

Registration Section

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

Nalroy Ent	erbrise Lle son
(Name of the Lighted Liability Compa (A Florida Limited)	ny is it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1800004494</u> .	were filed on 02/01/2018. Adassigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1442 DE MIAMI CT Apot 105 MIAMI FL 33132
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1442 NE Minni, et Apt 105 MIAMI FL 33132.
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new e:
Name of New Registered Agent:	4: 3 /
New Registered Office Address: 1442	NE HIAY, CT Apt 105 Enter Florida street address
Miga	73 , Florida 39/32.
New Registered Agent's Signature, if changing Registered Agent:	

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> Type of Action forlan alonso 1442:NE H. AMI CT Apt 605 CARCIA Mismi, FL 38132. Remo ☐ Remove K Change _□ Remove ☐ Change □ Add ☐ Change □ Add _□ Remove ☐ Change □ Remove ☐ Change

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Effective	date, if other than the date of filing: 03/06/2018- (optional) re 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 605.02
fan effecti Note: If t	re 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 605.02 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed to
document	s effective date on the Department of State's records.
ie recor	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
	th day after the record is filed.
Dated	Parch 04 2018
	1/10/7
	V V .
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00