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COVER LETTER

Nest Dev	elopment L.L.C.				
SUBJECT:	Name of Lin	nited Liability Company	19/01/3		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Guillermo Pulgarin				
		Name of Person			
	Nest Development L.L.C				
		Firm/Company			
	941 W Morse Blvd Suite	100			
		Address			
	Winter Park, FL 32789				
		City/State and Zip Code			
	Global Carpled E-mail address:	to be used for future annual report notifi	ication)		
For further information of	concerning this matter, please c	all:			
Guillermo Pulgarin		786 2102027			
Name (of Person	at () Area Code Daytime	Telephone Number		
inclosed is a check for t	he following amount:				
1 \$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)		
MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

STREET/COURIER ADDRESS:

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

assigned Nest Development L.L.C. (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 L18000062337 Florida document number 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." 941 W Morse Blvd Enter new principal offices address, if applicable: Suite 100 (Principal office address MUST BE A STREET ADDRESS) Winter Park, FL 32789 941 W Morse Blvd Enter new mailing address, if applicable: Suite 100 Mailing address MAY BE A POST OFFICE BOX) Winter Park, FL 32789 3. If amending the registered agent and/or registered office address on our records, enter the name of the new egistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

ew Registered Agent's Signature, if changing Registered Agent:

rereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability mpany 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>	Type of Action
P	Guillermo Pulgarin	941 W Morse Blvd	
		Suite 100	
			☐ Remove
		Winter Park, Fl. 32789	
			☐ Change
VP	Jessica Atkins	2601 S Bayshore Dr	
		Suite 1800	
			Remove
		Coconut Grove, FL 33133	
			☐ Change
			Add
			Remove
			Change
			🗖 Remove
			☐ Change
			□ Add
			Remove
			Change
			Remove
			Change

(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.
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:) The 90th day after the record is filed.
Dated Normber 12, 2019.
Signature of a preparation or authorized representative of a member
Guillemo Pilagno

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Typed or printed name of signee

Filing Fee: \$25.00