

L18000092274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

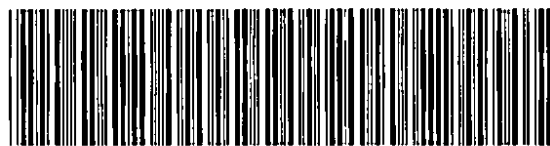
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500322002765

01/10/19--01009--015 **50.00

2019 JAN 10 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

JHS
1-16-19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: N-VESTED, 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:

Eric D. Taylor
Name of Person

N-VESTED, LLC
Firm/Company

511 Marcia Loop
Address

Winter Haven, FL 33884
City/State and Zip Code

eric.dejohn@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael R. Taylor at (402) 770-8202
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

N-VESTED, 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 4/12/2018 and assigned Florida document number L18000092274.

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 "LLC."

Enter new principal offices address, if applicable:

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

511 Marcia Loop
Winter Haven, FL 33884

Enter new mailing address, if applicable:

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

511 Marcia Loop
Winter Haven, FL 33884

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:

Eric D. Taylor

New Registered Office Address:

511 Marcia Loop
Enter Florida street address

Winter Haven, Florida 33884
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

2019 JAN 10 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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	Eric D. Taylor	511 Marcia Loop	<input checked="" type="checkbox"/> Add
		Winter Haven, FL 33884	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Nyree S. Green	20 Pine Canyon Drive	<input type="checkbox"/> Add
		Apt 13	<input checked="" type="checkbox"/> Remove
		Atlanta, GA 30331	<input type="checkbox"/> Change
AMBR	Kayla Hamlet	8 Mary Shepard Place	<input type="checkbox"/> Add
		Apt 814	<input checked="" type="checkbox"/> Remove
		Hartford, CT 06120	<input type="checkbox"/> Change
AMBR	Dominique Herndon	218 Gale Place	<input type="checkbox"/> Add
		West Palm Beach, FL 33409	<input checked="" type="checkbox"/> Remove
			<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

2018 JAN 10 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

2019 JAN 10 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

F. 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.) 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.

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 record is filed.

Dated January 7, 2019

Signature of a member or authorized representative

Michael R. Taylor
Typed or printed name of signer

Typed or printed name of signer