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SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

	egistration Se ivision of Co			
SHD IECT	NANCO R	ESOURCES, LLC		
SOBJECT	·		nited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sul	binitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	r to the following:	
		Sarah Grieb		
			Name of Person	
		Roctzel & Andress, LPA	Park Shore Drive - Third Floor Address S. Florida 34103 City/State and Zip Code @ralaw.com E-mail address: (to be used for future annual report notification) this matter, please call: 239 Area Code Area Code Daytime Telephone Number 199 amount: 100 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee	
			Firm/Company	
		850 Park Shore Drive - Th	nird Floor	
			Address	
		Naples, Florida 34103		
			City/State and Zip Code	
		sgrieb@ralaw.com		
		E-mail address: (to be used for future annual report notific	ration)
For further	information co	oncerning this matter, please co	all:	
Sarah Griel)			
	Name of	Person	Area Code Daytime	Felephone Number
Enclosed is	a check for th	e following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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

NANCO RESOURCES, LLC			
(<u>Name of the Lin</u>	ited Limbility Comp (A Florida Limited	any as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited Florida document number L18000104546	Liability Company	were filed on <u>04/25/18</u>	and assigned
This amendment is submitted to amend the fo	lleadan.		
	O		
A. If amending name, enter the new name	of the limited liab	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2641 Sorrel Way	9N
		Naples, Florida 34105	SEC.
			σ
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2641 Sorrel Way	A きゃく
		Naples, Florida 34105	G RATE
			09 ON
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered of office address her	ffice address on our record e:	ls, enter the name of the new
Name of New Registered Agent:	Nancy Naples (O'Neill	
New Registered Office Address:	2641 Sorrel Wa	<u>• </u>	
		Enter Florida street addre	ss
	Naples	, F	lorida <u>34105</u>
		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.

Hany Japileo C/VacC 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>	Name	Address	Type of Action
MGR	Nancy Naples O'Neill	2641 Sorrel Way	⊟ Add
		. Naples, Florida 34105	□ Remove
			Change
MGR	Nancy Naples	7117 Pelican Bay Boulevard	
		Unit 909	■ Remove
		Naples, Florida 34108	Change
			☐ Add
			☐ Remove
			Change
			□ Add
			☐ Remove
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(If an effec <u>Note:</u> If	e date, if other than the date of filing:ive date is listed, the date must be specific and cannot the date inserted in this block does not meet the t's effective date on the Department of State's r	e applicable stat	f filing or more than 9 utory filing require	(optional) 0 days after filing.) Pursi ments, this date will n	uant to 605.020 not be listed a
he reco The 9	rd specifies a delayed effective date, t Oth day after the record is filed.	out not an ef	fective time, at	12:01 a.m. on th	ne earlier d
Dated	July 10 , 2018				
			resentative of a mem		

Page 3 of 3

Filing Fee: \$25.00