

L18000 112 649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

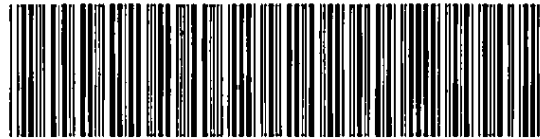
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Amend

DEC 11 2019

ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: N17SM, 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:

Ramandeep Chhabra

Name of Person

N17SM, LLC

Firm/Company

1090 Airglades Blvd

Address

Clewiston, FL 33440

City/State and Zip Code

tj1828@gmail.com

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

For further information concerning this matter, please call:

Ramandeep Chhabra 754 888-4100

Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

N17SM, 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 05/04/2018 and assigned
Florida document number L18000112649.

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:

(Principal office address MUST BE A STREET ADDRESS)

1090 Airglades Blvd

Clewiston, FL 33440

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1090 Airglades Blvd

Clewiston, FL 33440

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:

Swift Tax Inc

New Registered Office Address:

1401 N University Dr, 301A

Enter Florida street address

Coral Springs

City

Florida 33071

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>
MGRM	Ramandeep Chhabra	12390 NW 2nd Street	<input checked="" type="checkbox"/> Add
		Plantation, FL 33325	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Tejendra Chhabra	7889 NW 112 Way	<input checked="" type="checkbox"/> Add
		Parkland, FL 33076	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR/AMBR	Gerard Donel	14850 NW 44th Court, STE 204	<input type="checkbox"/> Add
		Opa Locka, FL 33054	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR/AMBR	Carlos Martins	14850 NW 44th Court, STE 204	<input type="checkbox"/> Add
		Opa Locka, FL 33054	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Beatrice Martins	14850 NW 44th Court, STE 204	<input type="checkbox"/> Add
		Opa Locka, FL 33054	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Beatrice Martins	14850 NW 44th Court, STE 204	<input type="checkbox"/> Add
		Opa Locka, FL 33054	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

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.

(b) The 90th day after the record is filed.

11/06/19

Signature of a member or

Signature of a member or authorized representative of a member

BEATRICE DOVEL MARTINS

Typed or printed name of signee