

LIB000153756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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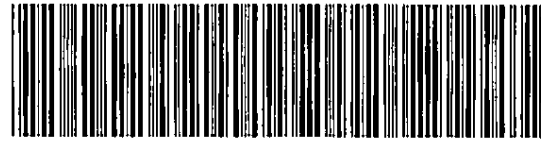
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

O SIMMONS  
JUL 21 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SKOKANIC 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:

NIDIA REPINSKI

\_\_\_\_\_  
Name of Person

NES TAX & ACCOUNTING, LLC

\_\_\_\_\_  
Firm/Company

8455 W OAKLAND PARK BLVD

\_\_\_\_\_  
Address

SUNRISE, FL 33351

\_\_\_\_\_  
City/State and Zip Code

NREPINSKI@RSRTAX.COM

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

For further information concerning this matter, please call:

NIDIA REPINSKI

954 742-4494  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

SKOKANIC, 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 06/22/2018 and assigned  
Florida document number L18000153756.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

NES TAX & ACCOUNTING, LLC

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)

8455 W OAKLAND PARK BLVD

FORT LAUDERDALE, FL 33351

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8455 W OAKLAND PARK BLVD

FORT LAUDERDALE, FL 33351

**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:

New Registered Office Address:

8455 W OAKLAND PARK BLVD

Enter Florida street address

FT LAUDERDALE

City

Florida 33351

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>
AMBR	NIDIA REPINSKI	PO BOX 451018	<input type="checkbox"/> Add
		SUNRISE, FL 33345	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ERICA VILLANUEVA	2225 LARK ELLEN DR	<input type="checkbox"/> Add
		FULLERTON, CA 92835	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NIDIA REPINSKI	PO BOX 451018	<input type="checkbox"/> Add
		SUNRISE, FL 33345-1018	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

FILED  
JUL 02 2018  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 JUL 12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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JUL 12 AM 10:01  
18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated JULY 9TH, 2018

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Typed or printed name of signee