

LIB000153756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

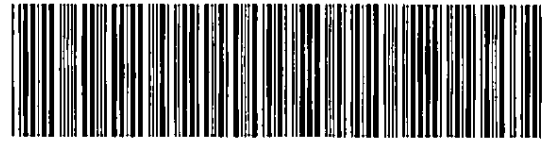
(Business Entity Name)

(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:

\$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**

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:

8455 W OAKLAND PARK BLVD

(Principal office address MUST BE A STREET ADDRESS)

FORT LAUDERDALE, FL 33351

Enter new mailing address, if applicable:

8455 W OAKLAND PARK BLVD

(Mailing address MAY BE A POST OFFICE BOX)

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.



Maria Repetti

If Changing Registered Agent, Signature of New Registered Agent

If adding 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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

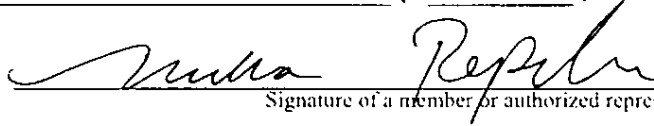
Multiple horizontal lines for amending information.

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TALLAHASSEE FLORIDA

E. 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 JULY 9TH 2018


Signature of a member or authorized representative of a member

NIDIA REPINSKI
Typed or printed name of signee