

18000234543

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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STATE OF MISSISSIPPI

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Registration Section
Division of Corporations

The Nakdimon Group llc
Name of Limited Liability Company

Articles of Amendment and fee(s) are submitted for filing.

Form all correspondence concerning this matter to the following:

Arielle Nakdimon
Name of Person

The Nakdimon Group llc
Firm/Company

3820 Cypress Edge Drive
Address

Lake Worth, FL 33467
City/State and Zip Code

arielle@nakdimongroup.com
E-mail address: (to be used for future annual report notification)

For information concerning this matter, please call:

Arielle Nakdimon at (561) 843-2303
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

19 DEC 20 PM 3:02
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

TO
ARTICLES OF ORGANIZATION
OF

The Nakdimon Group LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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CLERK OF COURT
CLERK OF COURT
CLERK OF COURT

Articles of Organization for this Limited Liability Company were filed on 10/03/2018 and assigned document number L18000234543.

Amendment is submitted to amend the following:

Changing name, enter the new name of the limited liability company here:

Names must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter principal offices address, if applicable:

Office address MUST BE A STREET ADDRESS

Enter mailing address, if applicable:

Address MAY BE A POST OFFICE BOX

Changing 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:

Enter Florida street address

_____, Florida

City

Zip Code

Registered Agent's Signature, if changing Registered Agent:

I 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is submitted 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

Manager
= **Authorized Member**

Authorized Member

Type of Action

3820 Cypress Edge Dr
Lake Worth, FL 33467

~~☐ Add~~

☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change

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

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)

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the member's effective date on the Department of State's records.

Record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
 90th day after the record is filed.

December 17, 2019.



 Signature of a member or authorized representative of a member

Edo Nakdimon

 Typed or printed name of signee