

L18000 255 622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

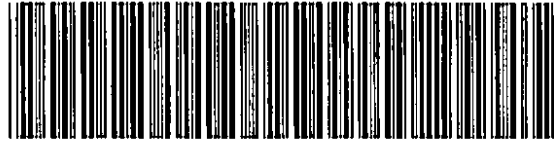
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400326370984

03/21/19--01:21:17 PM \*\*\*

FILED  
2019 MAR 21 PM 3:17  
C. GOLDEN

C. GOLDEN

MAR 30 2019

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: NORTIA 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:

BARBARA GARCIA

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

NORTIA LLC

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

8013 NW 83 Terrace

\_\_\_\_\_  
Address

Tamarac, FL 33321

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

bg.sustainable@gmail.com

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

For further information concerning this matter, please call:

Barbara Garcia

305 342-3624  
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**

**FILED**

NORTIA LLC.

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

2019 MAR 21 PM 3:17

CLERK OF CIRCUIT COURT  
STATE OF FLORIDA  
CLERK OF CIRCUIT COURT

The Articles of Organization for this Limited Liability Company were filed on October 31st, 2018 and assigned

Florida document number L18000255622

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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

Barbara Garcia

New Registered Office Address:

8013 NW 83 Terrace

*Enter Florida street address*

Tamarac

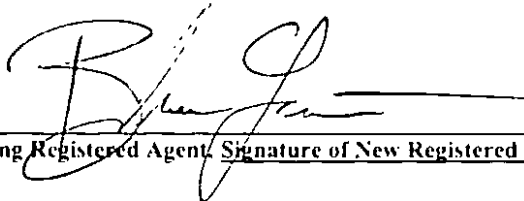
*City*

Florida 33321

*Zip Code*

**With 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>
AR	Barbara E Garcia	8013 NW 83 terrace	<input type="checkbox"/> Add
		Tamarac, FL 33321	<input type="checkbox"/> Remove
		(Please revise title + correct name)	<input checked="" type="checkbox"/> Change
AMBR	Barbara Garcia	No change in address.	<input type="checkbox"/> Add
Authorized Member			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Please revise member name because middle initial was inputted incorrectly. Also revise role to reflect Barbara Garcia as Authorized Member of NOETIA LLC.

There is no change in address, just revision to name and correct title. -Thank you!

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

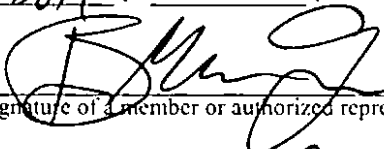
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

f 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 February 1st, 2019

  
Signature of a member or authorized representative of a member

Barbara Garcia  
Typed or printed name of signee