L19 000008972

(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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06/07/19--01003--019 **35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 22 2019

T SCHNEIDER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: NUVOLY 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:

STEPHEN MUNIVE
Name of Person

Firm/Company

1700 E. SUNRISE BLVD APT 1302
Address

Fort Lauderdale, FL 33304
City/State and Zip Code

LEO.ROUX5@GMAIL.COM
E-mail address (required for electronic filing notification)

For further information concerning this matter, please call:

STEPHEN MUNIVE at 954 549-3528
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

COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO
ARTICLES OF ORGANIZATION
OF

_____
(Name of the Limited Liability Company as it now appears on our records.)
(If Name Is Being Changed, Enter The Old Name)

The Articles of Organization for this Limited Liability Company were filed on 01/07/19 and assigned Florida document number L19000002972.

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: _____

New Registered Office Address: _____
(Florida street address)

_____, Florida _____
(City) (Zip Code)

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New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent of the limited liability company listed above. I 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

or removed from our records.

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	STEPHEN NUNIVE	1700 E. SUNRISE BLVD APT 1302	☒ Add
		Fort Lauderdale, FL 33304	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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TALLAHASSEE, FLORIDA

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

(If an effective date is listed, it must be no later than the filing date and no later than 90 days after the filing date.) 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 05/21/19 May 21st, 2019

Signature of a member or authorized representative

LEO ROUX, AMBR

Typed or printed name of individual who executed the document

Filing Fee: $ 25.00