

L19 00000 8972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

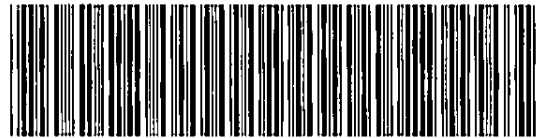
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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T SCHROEDER

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 be 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 (if used for filing or notification)

For further information concerning this matter, please call:

STEPHEN MUNIVE at 954 549-3528
Name of Person Area Code Extensive Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| ☒ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee &
Certificate of Status | ☐ \$75.00 Filing Fee &
Certificate of Status
(additional copies \$10.00 each) | ☐ \$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

CARRIER ADDRESS:
Registration Section
Division of Corporations
Citron Building
256 Executive Center Circle
Tallahassee, FL 32301

**TO
ARTICLES OF ORGANIZATION
OF**

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

(Please Print or Type)

The Articles of Organization for this Limited Liability Company were filed on 01/07/19 and assigned Florida document number LI9000002972.

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 MAY 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:

(Include street address)

_____, Florida

(City)

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

I hereby accept the appointment as registered agent 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 by serving of this document.

If Changing Registered Agent, Signature of New Registered Agent

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or removed from our records.

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	STEPHEN MUNIVE	1700 E. SUNRISE BLVD APT 1302	☒ Add
		Fort Lauderdale, FL 33304	☐ Remove
			☐ Change
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E. Effective date (if other than the date of filing) _____ (optional)

(If an effective date is listed, there must be a justification for the date, such as "effective 90 days after filing." Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not reflect the applicable filing requirements, this date will not be listed as the document's effective date on the Department of Banking and Finance's website.

If the record specifies a delayed effective date, it is not an automatic filing, 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 _____ (Name of Signer) _____ (Filing Number)

LEO ROUX, ANBR