

L19000 106861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

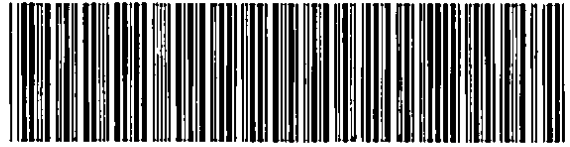
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200342151272

03/19/20--01016--012 **25.00

FILED
2020 MAR 19 PM 1:37
TALLAHASSEE, FL

APR - 1 2020
C Kinsey

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VANGUARD BUILDERS, 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:

ROBERT D. NEUROCK, II

Name of Person

NUROK CONSULTING

Firm/Company

12421 MCGREGOR BOULEVARD

Address

FORT MYERS, FL 33919

City/State and Zip Code

ROB@NUROKCONSULTING.COM

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

For further information concerning this matter, please call:

ROBERT D. NEUROCK

786

999-2012

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 Address:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

VANGUARD BUILDERS, 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 4/18/2019

Florida document number L19000106861

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NUROK CONSULTING, 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:

(Principal office address MUST BE A STREET ADDRESS)

12421 MCGREGOR BOULEVARD

FORT MYERS, FL 33919

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12421 MCGREGOR BOULEVARD

FORT MYERS, FL 33919

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:

STEPHANIE CABASSA

New Registered Office Address:

12421 MCGREGOR BOULEVARD

Enter Florida street address

FORT MYERS

City

Florida 33919

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.



If Changing Registered Agent, Signature of New Registered Agent

FILED
2020 MAR 19 PM 1:37
TALLAHASSEE, FL

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>
MGR	NEUROCK, ROBERT D., II	12421 MCGREGOR BLVD, FT MYERS, FL 33919	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		AMEND TITLE AND ADDRESS	<input checked="" type="checkbox"/> Change
AP	SCABASSA, STEPHANIE J	12421 MCGREGOR BLVD, FT MYERS, FL 33919	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		AMEND TITLE AND ADDRESS	<input checked="" 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.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 MARCH 10 2020

Qu D N

Signature of a member or authorized representative of a member

ROBERT D. NEUROCK, II

Typed or printed name of signee