

L19000 150 477

\_\_\_\_\_  
(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



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08/26/19--01007--028 \*\*25.00

FILED  
2019 AUG 26 AM 8:53  
SECRETARY OF  
TALLAHASSEE, FL

SEP 09 2019

C Kinsey

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Northern Style Remodeling 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:

Domingo Nieves

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

Northern Style Remodeling LLC

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

3148 Shingle Creek

\_\_\_\_\_  
Address

Kissimmee FL 34746

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

DEWAIT71@gmail.com

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

For further information concerning this matter, please call:

Domingo Nieves

407

8441541

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**

Northern Style Remodeling 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 06/06/2019 and assigned  
Florida document number L19000150477.

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)

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2019 AUG 26 AM 8:53  
TALLAHASSEE, FL

**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:

*Enter Florida street address*

Florida

City

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

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>                   |
|--------------|-----------------|--------------------------------------|---|
| AMBR         | Benjamin Finley | 1722 Hughey St Kissimmee FL<br>34741 | <input checked="" 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            |
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|              |                 |                                      | <input type="checkbox"/> Remove         |
|              |                 |                                      | <input type="checkbox"/> Change         |

[illegible]

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.

**Filing Fee: \$25.00**