

L20000078392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

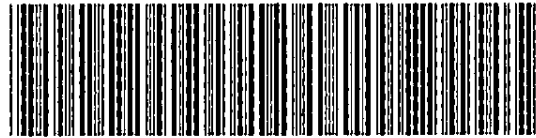
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900353163649

10/07/20--01010--022 \*\*25.00

10/15/20

US  
11/15/20

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NB MILLWORK 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.

Davem Nolan

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

NB MILLWORK LLC

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

4138 NW 96th Way

\_\_\_\_\_  
Address

Sunrise, FL 33351

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

nbmillworkllc@gmail.com

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

For further information concerning this matter, please call:

Davem Nolan

954 440-8754  
\_\_\_\_\_  
at (\_\_\_\_\_) Area Code

954 854-1384  
\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

NB Millwork 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 03/10/2020 and assigned  
Florida document number L200000078392.

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)

PO Box 452035

3225 N Hiatus Rd

Surprise, FL 33345

**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:

Daven Nolan

New Registered Office Address:

PO Box 452035 3225 N Hiatus Rd

*Enter Florida street address*

Surprise

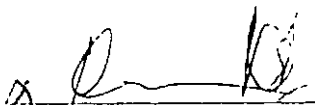
Florida 33345

*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	Daven Nolan	4138 NW 96th Way	<input type="checkbox"/> Add
		Sunrise, FL 33351	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
✓ MBR	Javen Nolan	4138 NW 96th Way	<input type="checkbox"/> Add
		Sunrise, FL 33351	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
✓ MBR	Kerick Brown	4138 NW 96th Way	<input type="checkbox"/> Add
		Sunrise, FL 33351	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
✓ AMBR	Janet Miller-Brown	4138 NW 96th Way	<input type="checkbox"/> Add
		Sunrise, FL 33351	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
✓ AMBR	Kenneth Brown	4138 NW 96th Way	<input type="checkbox"/> Add
		Sunrise, FL 33351	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

1. What is the main purpose of the document?  
 2. What are the key findings of the study?  
 3. What are the implications of the findings?  
 4. What are the limitations of the study?  
 5. What are the conclusions of the study?

(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.

Dated 09/22, 2020

X \_\_\_\_\_  
Signature of a member or

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**