## LZO 000 120027

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Document Number)
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October 17, 2020

RODRIGUEZ NELSON 7298 PINE CROSSING CIR APT 426 ORLANDO, FL 32807

SUBJECT: NELSON LLC Ref. Number: L20000120027

We have received your document for NELSON LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 520A00020542

Octavia L Simmons
Regulatory Specialist II Supervisor

## **COVER LETTER**

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TO:

Registration Section Division of Corporations

Nelson LL: SUBJECT:	C		•	
SUBJECT:	Name of Lin	nited Liability Company	<del> </del>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Rodriguez Nelson			
	<del></del>	Name of Person	<del> </del>	
	Nelson LLC			
	***************************************	Firm/Company	· · · · · · · · · · · · · · · · · · ·	
	7298 Pine Crossing Cir A	ot 426		
		Address		
	Orlando, FL 32807			
		City/State and Zip Code		
	RodriguezNelson3@yahoo	.com		
	E-mail address: (	to be used for future annual report not	ification)	
For further information of	oncerning this matter, please c	all:		
Rodriguez Nelson		772 2496376 at ()		
Name of Person		Area Code Daytim	ne Telephone Number	
Enclosed is a check for the	ne 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		<u>Street Address:</u> Registration Se	ction	
Division of Corporations		Division of Cor		
P.O. Box 6327		The Centre of T	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nelson LLC	<i>€_</i> !! -	5 IN U: 03
( <u>Name of the Limited Liability Comps</u> (A Florida Limited	any as it now appears on our record: Liability Company)	<u>s.</u> )
he Articles of Organization for this Limited Liability Company	were filed on <u>05/04/2020</u>	and assigned
forida document number L20000120027		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	7298 Pine Crossing Cir	
Principal office address MUST BE A STREET ADDRESS)	Apt 426	<del>,</del> ,
	Orlando, FL 32807	
nter new mailing address, if applicable:	7298 Pine Crossing Cir	
Mailing address MAY BE A POST OFFICE BOX)	Apt 426	
	Orlando, FL 32807	
S. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		
	Enter Florida street address	
<del></del>	F10	orida 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address 33	Type of Action
AMBR	Rodriguez Nelson	7298 Pine Crossing Cir	□Add
		Api 426	_
		Orlando, F1, 32807	<b>-</b>
<u>-</u>			🗆 Add
			□ Remove
		<del> </del>	□Change
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		<del> </del>	□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 September 3 Signature of a member or authorized representative of a member Rodriguez Nelson

Typed or printed name of signee