Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000359182 3)))



H200003591823ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : BLACKLEDGER ENTITY MANAGEMEN

Account Number : 120150000089 : (305)444-8800

: (305)444-4010 Fax Number

Enter the email address for this business entity to be used for-fut annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **NELKA LLC**

Certificate of Status	1
Certified Copy	
Page Count	84
Estimated Charge	\$69.00

OCT 1 1 7020

(Hz0003591823)

Electronic Filing Menu

Corporate Filing Menu

Help

Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

COVER LETTER

NELKA LI	.c		
SUBJECT:	Name of Limi	ted Liability Company	
		۰,	·.
The enclosed Articles of .	Amendment and fec(s) are subt	mitted for filing.	·
Please return all correspo	ndence concerning this matter (to the following:	
, rease return an correspo	The state of the s	;	1
	DANIEL J CANEL	•	•
		Name of Person	
	NELKA 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: DANIEL J CANEL Name of Person NELKA LLC Firm/Company 330 HARBOR DRIVE Address KEY BISCAYNE, FL 33149 City/State and Zip Code dancanel@hotmail.com E-mail address: (to be used for future annual report notifical points) For further information concerning this matter, please call:	·		
	330 HARBOR DRIVE		
		Address	
	KEY BISCAYNE, FL 331	49	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	lication)
For further information of	oncerning this matter, please ca	all:	
DANIEL J CANEL		305 7999636	
Name o	t' Person	Area Code Daytim	2 Telephone Number
Enclosed is a check for t	he following amount:		
	☐ \$30.00 Filing Fee &	Certified Copy	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration Se	stion
Division of (Division of Co	roorations
P.O. Box 631		The Centre of	Lallahassee

(Hz0003591823)

2415 N. Monros Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	NELKA LLC	
(Name of the Limb	ited Liability Company 25 it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited L	Liability Company were filed on SEFTEMBER 11, 2020 and assigned	
This amendment is submitted to amend the foll	lowing:	
A. If amending name, enter the new name o	•	
A. If antenoing name, enter the new name o	the matter transfer company to p.	
The new name must be distinguishable and contain the v	words "Limited Liability Company," the decignation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applic	cable:	-
(Principal office address MUST BE A STREE	ET ADDRESS)	-
		_
Enter new mailing address, if applicable:		_
(Muiling address MAY BE A POST OFFICE	(BOX) =	_
	or the region of the right region	7]
B. If amending the registered agent and/or agent and/or the new registered office addre	The state of the s	
Name of New Registered Agent:	WORLDWIDE CORPORATE ADMINISTRATORS LLC	ブ 一
New Registered Office Address:	2330 PONCE DE LEON BLVD	_
	Enter Florica street address	
	CORAL GABLES , Florida 33134 City Zip Code	-
N' Detained Access Company of the mains	Sily 2	

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 Clapter 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

• •

(H 20000 3591823)

15

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>	Address :	Type of Action
MGRM	DANIEL J CANEL	330 HARBOR Drive	
		KEY BISCAYNE, FL 33149	■Remove
MGR	DANIEL J CANEL	330 HARBOR Drive	■∧dd
		KEY BISCAYNE, FL 33149	□ Remove
			Change
			DAdd
			Remove
			Change
			DAdd
			□Remove
			Change
			DAdd
			(□Remove
			Change
			□Add
			□Remove
			□Change

(Hzecco 3591823)

								
								
	<u></u>							
		<u></u>						
	<u>, , , .=</u>							
								
		,						
<u></u>								
				·—··				
			·					
						<u>.</u>	<u></u>	
ree cato a disaa	, if other than the	data af filin	n!			(np)	tional)	
fan effective dat Note: If the da	to its listed, the date must te inserted in this blo ective date on the De	be specific and ock does not r	d cannot be pr meet the app	licable stami	iting or more t tory filing re	han 90 days all	er filing) Pursu	ant to 605,020 or be listed a
record specifi d is lited.	es a delayed effective	: date, but no	t an effective	c time, at 12	01 a.m. on t	ne carlier of:	(b) The 90th	day after the
SEPTE	MBER 24th		2020	_				
Zated				Je s				
		Signature of a	member of	Athorized repr	esentative of a	member		

(Hzaxx 3591823