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(City/State/Zip/Phone #)

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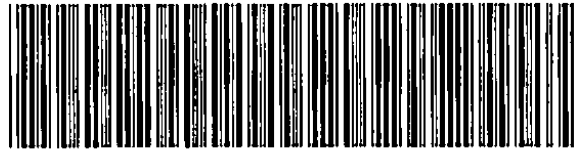
(Business Entity Name)

(Document Number)

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DEC 17 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NETPCOFFICE 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:

YOLIMAR A NINO DAZA

Name of Person

NETPCOFFICE

Firm/Company

3357 W 90TH ST

Address

HALEAH, FL 33018

City/State and Zip Code

techsupport@netpcoffice.com

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

For further information concerning this matter, please call:

YOLIMAR A NINO DAZA

786

4471426

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**

FILED
2023 NOV 13 PM 3:09

NETPCOFFICE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 10/23/2020 and assigned
Florida document number L20000336812.

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:

3357 W 90TH ST

(Principal office address MUST BE A STREET ADDRESS)

HAIALEAH, FL 33018

Enter new mailing address, if applicable:

3357 W 90TH ST

(Mailing address MAY BE A POST OFFICE BOX)

HAIALEAH, FL 33018

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:

YOLIMAR A NINO DAZA

New Registered Office Address:

3357 W 90TH ST

Enter Florida street address

HAIALEAH

City

Florida 33018

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 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, changed, or removed from our records:

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MGR = Manager

AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DENIS DAZA	1475 NE 125TH TERRACE APT 111 MIAMI, FL 33161	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	YOLIMAR A NINO DAZA	3357 W 90TH ST HIALEHH, FL 33018	<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
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			<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.)*

I am Yolimar A Nino Daza and I confirm that I am familiar with and I accept the obligations of my position.

2023 NOV 13
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CLERK OF COURT
JANUARY 13 2023

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 NOVEMBER 5TH 2020

Signature of a member or authorized representative of a member

YOLIMAR A NINO DAZA

Typed or printed name of signee

Filing Fee: \$25.00