

L21000044307

(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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04/07/21--01002--006 **43.75

DEPT OF STATE
CORPORATE FIL

2021 APR -8 AM 9:12

21 APR -6 PM 4:13

M. SULKEF

APR 09 2021

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

(OFFICE USE ONLY)

Business Name & Document Number, (if known):

1. NR CLIENT SERVICES LLC L21000044307
Name Document Number (if known)

x Walk in _____ Will wait

____ Certified Copy Articles of Organization
X Certificate of Status

NEW FILINGS

____ Profit
____ Not for Profit
____ Limited Liability
____ Domestication
____ INC

____ OTHER - Corp

AMENDMENTS

X Amendment
____ Resignation of R.A. Officer/Director
____ Change of Registered Agent
____ Dissolution/Withdrawal
____ Conversion

____ Merger

OTHER FILINGS

____ Annual Report

____ Fictitious Name

____ Statement of Authority

____ APOSTIL () _____
COUNTRY

REGISTRATION/QUALIFICATIONS

____ Foreign Filing
____ Limited Partnership
____ Reinstatement

____ Trademark
____ Other

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 APR -8 PM 3:22

April 7, 2021



FLORIDA CAPITAL COURIER SERV

SUBJECT: NR CLIENT SERVICES LLC
Ref. Number: L21000044307

We have received your document for NR CLIENT SERVICES LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 721A00007154

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NR client Services LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

DELSETA RICHARDS
Name of Person
NR client Services LLC.
Firm/Company
117 NW 49 Ave
Address
Plantation FL 33317
City/State and Zip Code
deet9064@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

Delsetta Richards at 954 588 0878
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$40.00 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

NR CLIENT SERVICES 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 01/25/2021 and assigned
Florida document number L21000044307

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)

117 NW 49 Ave
PLANTATION FL
33317

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

STATE OF FLORIDA
TALLAHASSEE, FL

2021-08-08 AM 9:12

ED

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

Title	Name	Address	Type of Action
MGR	Neil Richards	117 NW 49 Ave	☒ Add
		Plantation FL	☐ Remove
		33317	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Add change OF Address for
~~member~~⁴⁶ manager Delseta
Richards. 117 NW 49 Ave Plantation
FL 33317. Please change Address to
New Address for NR Client Services
LLC. 15 117 NW 49 Ave Plantation
FL 33317.

F. 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 (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.

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 April 8 2021



Signature of a member or authorized representative of a member

DELSETA RICHARDS

Typed or printed name of signer

Filing Fee: \$25.00