

L22-000468168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

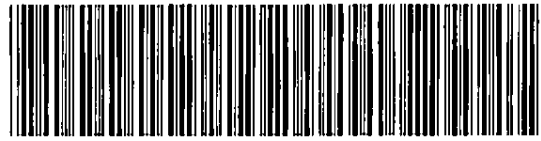
(Business Entity Name)

(Document Number)

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FILED
2024 DEC 20 AM 10:14
TALLAHASSEE, FLORIDA

2024 DEC 20 PM 2:31

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NEBULA ENTERPRICES 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:

JOHNNY K RODRIGUEZ SKERETT

Name of Person

NEBULA ENTERPRICES LLC

Firm/Company

307 FREDERIK AVE

Address

DUNDE FL 33838

City/State and Zip Code

JOHNNYS@NEBULAHOMESERVICES.COM

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

For further information concerning this matter, please call:

JOHNNY K RODRIGUEZ SKERETT

863 632-9818
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
2024 DEC 20 AM 10:15
TALLAHASSEE, FLORIDA

NEBULA ENTERPRICES 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 10/31/2022 and assigned Florida document number L22000468168.

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:

212150 THIRD ST SW

(Principal office address MUST BE A STREET ADDRESS)

WINTER HAVEN FL 33880

Enter new mailing address, if applicable:

212150 THIRD ST SW

(Mailing address MAY BE A POST OFFICE BOX)

WINTER HAVEN FL 33880

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

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	JOHNNY F RODRIGUEZ ROSA	307 FREDERICK AVE	<input type="checkbox"/> Add
		DUNDE FL 33838	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALEXANDRA M GONZALEZ	307 FREDERICK AVE	<input type="checkbox"/> Add
		DUNDE FL 33838	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	JOHNNY F RODRIGUEZ ROSA	307 FREDERICK AVE	<input checked="" type="checkbox"/> Add
		DUNDE FL 33838	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	ALEXANDRA M GONZALEZ	307 FREDERICK AVE	<input checked="" type="checkbox"/> Add
		DUNDE FL 33838	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<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.)*

Multiple horizontal lines for amending information.

2024 DEC 20 AM 10:15
TALLAHASSEE, FLORIDA

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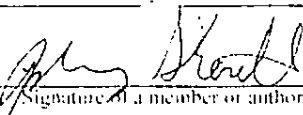
E. Effective date, if other than the date of filing: 12/19/2024 (optional)

(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 DECEMBER 19 2024



Signature of a member or authorized representative of a member

JOHNNY F. RODRIGUEZ SKERETT

Typed or printed name of signer

Filing Fee: \$25.00