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SECRETARY OF STATE
SALI AHASSEF, FLORID

J. BRYAN

JUL 1 2 2011

EXAMINER

COVER LETTER

TO:	Registration Se Division of Co			
SUBJECT: Ninigret Capit			pital Holdings, LLC	
			ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please	return all correspo	ondence concerning this matte	r to the following:	
			Cynthia Anaipakos	
		·	Name of Person	2 g = -
Ninig		Ninig	ret Capital Holdings, LLC	
			Firm/Company	ESS = M
			1276 Bayview Circle	FILED PH 3: 29 SECRET STATE SECRET SEE: FI AND IN
			Address	F. S.
	Weston, FL 33326			
			City/State and Zip Code	
		E mail address	synthia@ninigret.com to be used for future annual report notifica	
For fur	ther information o	oncerning this matter, please	•	non)
	Cynt	hia Anaipakos	at (_954_)36	35-2029
	Name o	f Person	Area Code & Daytime T	elephone Number
Enclose	ed 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)
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Cento Tallahassee, FL 3230	ons or Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Ninigret-S	SCS Group, L	LC
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appe d Liability Company	ars on our records.)
The Articles of Organization for this Limited Liability Compa	iny were filed on	January 4, 2008 and assigned
Florida document numberL0800001461		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company h	ere:
	al Holdings, LLC	
The new name must be distinguishable and end with the words "Li.L.C."	imited Liability Com	pany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		2.,
(Principal office address MUST BE A STREET ADDRESS)		
		蒙二
Enter new mailing address, if applicable:		mg ?
(Mailing address MAY BE A POST OFFICE BOX)		33.
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	E	nter Florida street address
	City	, Florida Zip Code
	City	Lip 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			AddRemove		
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	(.vr)		
_			SECRE		
 Dated	20	D11 .	TARY OF STASSEE, FLO		
Dated	Randolph 6 Signatur of a membe	r or authorized representative of a member	3: 29 STATE		
	The	Ninigret Group, L.C.			
	Туреб	or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00