

108000080316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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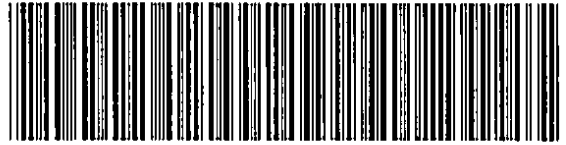
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 MAR 11 A 11: 01

FILED

MAR 21 2019

T. LEMIEUX



**Diego L. Restrepo, P.A.  
Attorneys at Law**

Member:  
Florida Bar Association

2600 S Douglas Road, Suite 913  
Coral Gables, Florida 33134

Telephone: (305) 447-9430  
Fax: (305) 448-5541

E-Mail: [diego@restrepolaw.com](mailto:diego@restrepolaw.com)

Member:  
Florida Institute of Certified  
Public Accountants

March 5<sup>th</sup>, 2019

***Certified Mail Return Receipt Requested***  
***No. 7017 3380 0000 6302 6316***

Florida Department of State  
Registration Section  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

**Ref: Articles of Amendment to Articles of Organization of Niper International LLC ("the Company")**


To whom it may concern:

Enclosed please find the Articles of Amendment to Articles of Organization of Niper International LLC and check # 1571 in the amount of \$25.00 payable to the Florida Department of State to cover the filing fee

Should you have any question, please do not hesitate to call us.

Very truly yours,

**Diego L. Restrepo, P.A.**

By:   
Luisa Elena Cuadrado, Paralegal

w/ enclosures

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** NIPER INTERNATIONAL 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:

DIEGO L. RESTREPO ESQ.  
Name of Person

DIEGO L. RESTREPO P.A.  
Firm/Company

2600 SOUTH DOUGLAS ROAD, SUITE 913  
Address

CORAL GABLES, FL 33134  
City/State and Zip Code

LUISA@RESTREPOLAW.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIEGO L. RESTREPO ESQ. at ( 305 ) 447-9430  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

NIPER INTERNATIONAL LLC

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

2019 MAR 11 A 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/22/2008 and assigned  
Florida document number L08000080316.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

N/A

**Enter new mailing address, if applicable:**

N/A

**(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:

N/A

New Registered Office Address:

N/A

*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>
MGR	MIRTA ABREU	2600 SOUTH DOUGLAS ROAD, SUITE 913	<input type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	INTERNATIONAL ADVISORS SERVICE, LLC	2600 SOUTH DOUGLAS ROAD, SUITE 913	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33134	<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"/> Change

