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## **COVER LETTER**

TO:

Registration Section

Division of Co	rporations				
SUBJECT:	Nusmat I	nvestment LLC			
	Name of Limit	red Liability Company			
The analoged Articles o	f Amendment and fee(s) are sub	mitted for filing			
Please return all corresp	ondence concerning this matter	to the following:			
		Haque Syed			
		Name of Person			
	<b>N.</b> 1				
	Nu	Smat Investment LLC Firm/Company			
		·			
	10100 Country Brook Rd				
		Address			
	D	nan Matan El 22420			
	В	oca Raton, FL 33428  City/State and Zip Code			
	ha	·			
	E-mail address: (t	que552@yahoo.com o be used for future annual report notification)			
For further information	concerning this matter, please ca	all: (2.14 + 6.15 - 4.3 m.)			
		and the state of t			
	laque Syed	at ( 561 ) 901 7517  Area Code & Daytime Telephone Number			
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 & \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	ING ADDRESS.	CTOPET/COURIED ADDRESS.			
MAILING ADDRESS: Registration Section		STREET/COURIER ADDRESS: Registration Section			
Division of Corporations		Division of Corporations			
P.O. I Tallah	3ox 6327 nassee, FL 32314	Clifton Building 2661 Executive Center Circle			
	THE REPORT OF A SAME AND A PARTY OF A PARTY	Tallahaccee Fl 32301			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 11 SEP 12 PH 4: 02 SEORE COMMO

N	usmat Inves	stment LLC	IALI.	AHASSEE FLASIE	
( <u>Name of the Limited I</u> (A	<b>ciability Compar</b> Florida Limited L	iy as it now appears lability Company)	on our records;	- CORIDA	
The Articles of Organization for this Limited Lia	bility Company	were filed on	05-04-201 09 05 2011	o and assigned	
Florida document numberL100000479					
This amendment is submitted to amend the follow	wing:	l			
A. If amending name, enter the new name of	the limited liabi	ility company here	:		
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ted Liability Compan	y," the designation "I	LLC" or the abbreviation	
Enter new principal offices address, if applicable:		2820 SW 14th	street #24		
(Principal office address MUST BE A STREET	(ADDRESS)	Boynton Beac	h, FL 33428		
Enter new mailing address, if applicable:		10100 Country	Brook Rd		
(Mailing address MAY BE A POST OFFICE BOX)		Boca Raton, FL 33428			
			`		
B. If amending the registered agent and/or registered agent and/or the new registered off			ır records, <u>enter 1</u>	the name of the new	
Name of New Registered Agent:	Haque Syed				
New Registered Office Address:	lew Registered Office Address: 2820 SW 14th street #24				
Enter Florida street address					
	Boy	nton Beach,	, Florida	FL 33426	
<u>.</u>		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 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 Changing Registered Agent, Signature of New Registered Agent

## 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>	Name	Address	Type of Action
MGRM	Haque Syed	10100 Country Brook Rd Boca Raton, FL 33428	Add ☐ Remove
MGRM	Nusrat A. Syed	10100 Country Brook Rd Boca Raton, FL 33428	Add Remove
MGRM ·	Cimeon Michel	680 NE 44 Street Pompano Beach, FL 33064	Add Remove
	· ·		Add Remove
			Add Remove
<u></u>			Add Remove
D. If amendi	ng any other information, enter change(	(s) here: (Attach additional sheets, if necessary.)	
			<del></del>
Dated	09-05 , 201	1	
-		or authorized representative of a member  Hed r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00