

L15000051934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

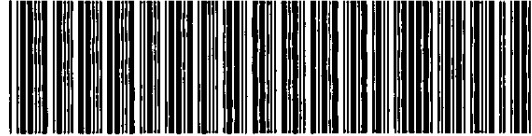
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900279704429

12/09/15--01021--027 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 DEC -9 A 10:49

FILED

DEC 10 2015
BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: N & N JOY, 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:

ROSS ZALKIND
Name of Person
ROSENFELD & ZALKIND, P.L.
Firm/Company
2323 HOLLYWOOD BLVD
Address
HOLLYWOOD, FL 33020
City/State and Zip Code
RZALKIND@GLOBALAMERICATITLE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROSS ZALKIND, ESQ. at 954 620-1100
Name of Person Area Code Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FL 32301
2015 DEC -9 A 10:49
FILED

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**

N & N JOY, 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 03/20/2015 and assigned Florida document number L15000050936.

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:

18101 Collins Ave, PH 5101

(Principal office address MUST BE A STREET ADDRESS)

Sunny Isles Beach, FL, 33160

Enter new mailing address, if applicable:

18101 Collins Ave, PH 5101

(Mailing address MAY BE A POST OFFICE BOX)

Sunny Isles Beach, FL, 33160

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2015 DEC -9 10 49
FILED

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	NATALIA NORINSBERG	18101 Collins Ave, PH 5101	<input checked="" type="checkbox"/> Add
		SUNNY ISLES BEACH,	<input type="checkbox"/> Remove
		FL 33160	<input type="checkbox"/> Change
AMBR	MICHAEL NORINSBERG	18101 Collins Ave, PH 5101	<input checked="" type="checkbox"/> Add
		SUNNY ISLES BEACH,	<input type="checkbox"/> Remove
		FL 33160	<input type="checkbox"/> Change
AMBR	FIRST AMERICAN EXCHANGE <i>COMPANY, LLC</i>	215 SOUTH STATE STREET,	<input type="checkbox"/> Add
		STE 380	<input checked="" type="checkbox"/> Remove
		SALT LAKE CITY, UT 84111	<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

2015 DEC - 9 10:11 AM
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

Multiple horizontal lines for amending information, with a vertical stamp on the right side.

2015 DEC 19 AM 10:49
STATE OF FLORIDA
TALLAHASSEE

E. 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 DECEMBER 7, 2015

Signature of a member or authorized representative of a member

Michael Norinsberg

Typed or printed name of signee