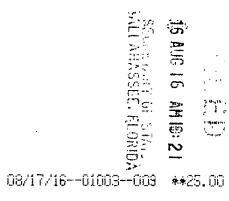
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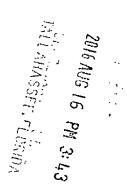
(Req	uestor's Name)
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(City	/State/Zip/Phor	ne #)
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Certified Copies	Certificate	es of Status
Special Instructions to F	iling Officer:	

Office Use Only



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AUG 1 9 2016 Y SULKER

COVER LETTER

TO: Registration Sec Division of Corp	tion orations		
SUBJECT:	NA Pari_ Name of Limit	S LLC led Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter to	-	
	nonna	Mendelson Name of Person	
		Name of Person	
	NINOUPLOUPER	À CONTRACTOR OF THE CONTRACTOR	
		Firm/Company	,
		135 street a	
	North MI	City/State and Zip Code	<u>/</u>
	Vnapariso E-mail address: (to	Lamail. Com o bewised for future annual report notific	ation)
For further information co	ncerning this matter, please cal	11:	
Nonna M Name of	Pendels On Person	at (786) 238 Area Code Daytime T	-82-16 Felephone Number
Enclosed is a check for the	e 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)

STREET/COURIER ADDRESS:

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VNa Pa	apis, La	10		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it how appears Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability C Florida document number <u>L 16 00 0 12 6 7</u>		Tanuar	419, and ass	0/6 signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ited liability company he	<u>re</u> :		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the de	esignation "LLC" or the	ne abbreviation "L	.L.C."
Enter new principal offices address, if applicable:				<u> </u>
(Principal office address MUST BE A STREET ADDR	RESS)			
Enter new mailing address, if applicable:			<u>:</u>	
(Mailing address MAY BE A POST OFFICE BOX)			ō	\$.
				<u> </u>
B. If amending the registered agent and/or regis		our records, en		of the new
registered agent and/or the new registered office add	<u>ress here</u> :		MIQ: 2	A STATE OF THE STA
Name of New Registered Agent:				
New Registered Office Address:	Enter Flor	ida street address		<u>.</u>
		, 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Addre		Type of Action
AMBR	Veronika	<u>Dremliuga</u>	1300 Collins au	1, St Al Add
			iani Beach, 33	
				□ Change
AMBR_	Nonna Meud	elson 130	o Collinsar, StA. wi Beach, 33139	Add
		Mias	ui Beach, 33139	Remove
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fective date, if other than the date of filing:	(opt	ional)		
an effective date is listed, the date must be specific and cannot be prior to date of filing coter. If the date inserted in this block does not meet the applicable statutory for	or more than 90 days after illing requirements, the	r filing.) Pursu is date will no	ant to 60: of be list	5.02 ted
ocument's effective date on the Department of State's records.	5 ()			
e record specifies a delayed effective date, but not an effectiv The 90th day after the record is filed.	e time, at 12:01	a.m. on th	e earli	ier
The both day after the record is filed.				
Tated 01/08/16 Mendelsea Signature of a member or authorized representation of the second of the s				

Page 3 of 3

Filing Fee: \$25.00