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(I	Requestor's Name)	
(/	Address)	
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- (0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(1)	Business Entity Name)	
(1	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	
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D. SCOTT MAY 19 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 8, 2017

PRITHI DASWANI 6735 CONROY WINDERMERE RD, STE 315 ORLANDO, FL 32835

SUBJECT: RNB2016 LLC Ref. Number: L16000016331

We have received your document for RNB2016 LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the <u>Department of State</u> for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 317A00009115

FILED
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COVER LETTER

ГО: Reg Div	gistration Se ision of Cor	ction porations	•	
NIBIPOT.	RNB2016 L	LC		•
UBJECT:		Name of Lin	nited Liability Company	
he enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
lease return	all correspor	ndence concerning this matter	to the following:	
ē		PRITHI DASWANI		·
			Name of Person	•
		PRITHI DASWANI CPA	PL	
			Firm/Company	,
		6735 CONROY WINDER	MERE RD SUITE 315	•
			Address	
		ORLANDO FL 32835		
		PRITHID@CPA.COM	City/State and Zip Code	
		E-mail address: (to be used for future annual report notific	ation) do; 🖒
or further in	formation co	oncerning this matter, please c	all:	容量工
RITHI DAS	SWANI		407 218 - 59.	21
	Name of	Person	Area Code Daytime	Telephone Number 79 2
nclosed is a	check for the	e following amount:		多 33
\$25.00 Fi	lling 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

Registration Section codivision of Corporations P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

1017-39491

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RNB2016 LLC		
(<u>Name of the Limited Lial</u> (A Floi	hility Company as it now appears on our records.) rida Limited Liability Company)	
Γhe Articles of Organization for this Limited Liability Florida document number		and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, <u>enter the new name of the li</u> NCL HOLDINGS LLC	mited liability company here:	
he new name must be distinguishable and contain the words "L	imited Liability Company," the designation, "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	DRESS)	
		<u> </u>
Enter new mailing address, if applicable:		·
Mailing address MAY BE A POST OFFICE BOX)		
	•	
-		
3. If amending the registered agent and/or reg		er the name of the nev
egistered agent and/or the new registered office ad	<u>ldress here</u> :	ವಳು ದ ಿ.
Name of New Registered Agent:		超長型
New Registered Office Address:	·	an h
	Enter Florida street address	TIS B
	. Florida	1 N
	, Fioriua	Zip Code x

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:

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		Signature of a r	member or author	ized representativ	e of a member			