



**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : BUSINESS ACCOUNTING PROFESSIONALS CORP  
Account Number : I20190000020  
Phone : (786)953-7449  
Fax Number : (786)953-7450

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
N4S INVESTMENTS LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

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2020 JAN 23 PM 12:26

SECRETARY OF STATE  
ALBANY, NY 12242-1111

RECEIVED

2020 JAN 23 PM 2:45

SECRETARY OF STATE  
ALBANY, NY 12242-1111

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: N4S INVESTMENTS 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:

NEIL SABARE

\_\_\_\_\_  
Name of Person

N4S INVESTMENTS LLC

\_\_\_\_\_  
Firm/Company

8403 PINES BLVD APT 1033

\_\_\_\_\_  
Address

PEMBROKE PINES, FL 33024

\_\_\_\_\_  
City/State and Zip Code

BUSINESSACCTPROF@GMAIL.COM

\_\_\_\_\_  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

NEIL SABARE

786

953-7449

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

N4S INVESTMENTS 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 JAN. 16, 2020 and assigned  
Florida document number L20000011366

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

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

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TALLAHASSEE, FL

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         | NATHALIA SAABARE | 8403 PINES BLVD APT 1033 | <input type="checkbox"/> Add    |
|              |                  | PEMBROKE PINES, FL 33024 | <input type="checkbox"/> Remove |
|              |                  |                          | <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 |
|              |                  |                          | <input type="checkbox"/> Add    |
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|              |                  |                          | <input type="checkbox"/> Change |

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