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(Re	equestor's Name)	
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CORETARY OF STATE A MASSEE, FLORIDA

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COVER LETTER

Div	ision of Corp	orations		
SUBJECT:		SSOCIATES L.L.C.		
		Name of Limit	ted Liability Company	
The enclosed	Articles of A	amendment and fee(s) are subr	mitted for filing.	
Please return	all correspon	dence concerning this matter t	to the following:	
		ANGEL MATOS		
			Name of Person	
		-	Firm/Company	
7600 SOUTHLAND LVD, STE 105				
			Address	
		ORLANDO, FL 32809		
			City/State and Zip Code	
		nikmarassociates@gmail.co		
		E-mail address: (t	o be used for future annual report notifica	ation)
For further is	nformation co	ncerning this matter, please ca	ıll:	
ANGEL MA	ATOS		407 470-2478	
at () Name of Person Area Code Daytime Telephone Numb		elephone Number		
Enclosed is a	a check for the	e following amount:		
■ \$25.00 F	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:

TO:

Registration Section

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**

NIKMAR ASSOCIATES L.L.C.			
(Name of the Limited Liab (A Flor	illity Company as it now appears on ida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability	Company were filed on 05/26/2	2015	and assigned
Florida document number L15000091604	 .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:		
The new name must be distinguishable and contain the words "L	imited Liability Company," the design	nation "LLC" or the ab	breviation "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)			
	<u></u>		
B. If amending the registered agent and/or reg	gistered office address on ou	r records, enter	the name of the ne
registered agent and/or the new registered office ac	ddress here:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida s	treet address	
	Cit.	, Florida	Zip Code
N	City		гір Соае
New Registered Agent's Signature, if changing Registe	rea 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 limed 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>	Address	Type of Action
AMBR	EDUARDO TAPIA	2537 CARRICKTON CIR	Add
		ORLANDO FL 32824	Remove
			Change
			Add
			□ Remove
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te: If the date inserted in this block tument's effective date on the Department.	e specific and cannot be prior to date of filing or mo k does not meet the applicable statutory filing	requirements, this date wil	II not be listed
he 90th day after the record			
NOVEMBER, 15th	2013		
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ed	gnature of a member or authorited representative	of a member	Antime &
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Filing Fee: \$25.00