

L01000015079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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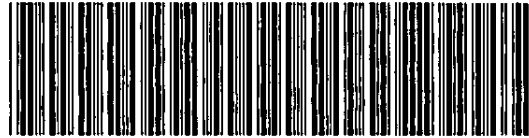
(Business Entity Name)

(Document Number)

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2016 MAR 21 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2016 MAR 21 AM 9:02

OFFICE OF THE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAR 24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NBDA ENTERPRISES 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:

DENNIS I. ARECHAVALA

Name of Person

NBDA ENTERPRISES LLC

Firm/Company

1905 CALAIS DR. SUITE NO. 4

Address

MIAMI BEACH, FL 33141

City/State and Zip Code

nilsbellido1965@gmail.com

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

For further information concerning this matter, please call:

Nils Bellido de Luna

305

310 6160

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

NBDA ENTERPRISES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/04/2001 and assigned
Florida document number L01000015079.

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:

1905 CALAIS DR SUITE NO. 4

(Principal office address MUST BE A STREET ADDRESS)

MIAMI BEACH, FL 33141

Enter new mailing address, if applicable:

1905 CALAIS DR. SUITE NO. 4

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI BEACH, FL 33141

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:

DENNIS I. ARECHAVALA

New Registered Office Address:

1905 CALAIS DR. SUITE NO. 4

Enter Florida street address

MIAMI BEACH

, Florida

33141

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.

 Jan-17-2016
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>
MGR	DENNIS I. ARECHAVALA	1905 CALAIS DR SUITE NO. 4. M	☒ Add
			☐ Remove
			☐ Change
MGR	NILS BELLIDO DE LUNA	1905 CALAIS DR. SUITE NO. 4 M	☒ Add
			☐ Remove
			☐ Change
MGR	LIANA M. ALVAREZ	1905 CALIS DR. SUITE NO. 4 MI	☐ Add
			☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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2018 MAR 2
PH: 41
CLERK OF SUPERIOR COURT
HALL COUNTY, MISSOURI

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

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E. Effective date, if other than the date of filing: 01 /01/ 2016 (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 JANUARY 1ST, 2016


Signature of a member or authorized

Signature of a member or authorized representative of a member

DENNIS I. ARECHAVALA

Typed or printed name of signee