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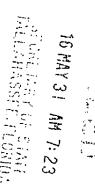
| (Re | questor's Name) | |
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| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | ··· |
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Office Use Only



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COVER LETTER

| Division of Cor | rporations | ť " | |
|----------------------------|--|---|--|
| SUBJECT: | NBDA EI | NTERPRISES LLC | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | | DENNIS I. ARECHAVALA | |
| | | Name of Person | |
| | | NBDA ENTERPRISES LLC | |
| | | Firm/Company | |
| | 2150 NW 9TH | STREET . (Main Office Building | y) |
| | | Address | |
| | | MIAMI . FL 33125 | |
| | | City/State and Zip Code | |
| | F-mail address: (| darechavala@yahoo.com to be used for future annual report noti | fication) |
| For further information of | concerning this matter, please c | · | |
| DENNIS I. A | RECHAVALA | at (| 310-6160 |
| Name o | of Person | at () Area Code Daytim | e Telephone Number |
| Enclosed is a check for t | he 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:

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

| NBDA ENTER | RPRISES LLC | |
|--|---|--|
| (Name of the Limited Liability Comp (A Florida Limited | any as it now appears on ou Liability Company) | ur records.) |
| The Articles of Organization for this Limited Liability Company Florida document numberL01000015079 | y were filed on09/04 | 4/2001 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lial | bility company here: | |
| | | |
| The new name must be distinguishable and contain the words "Limited Liab | ility Company," the designat | ion "LLC" or the abbreviation "L.L,C." |
| Enter new principal offices address, if applicable: | DENNIS I. ARECHA | VALA |
| Principal office address MUST BE A STREET ADDRESS | 2150 NW 9TH STREE | ET (Main Office Building) |
| | MIAMI FL 33125 | |
| | | 6 |
| Futan non malling address if annitables | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | 56 3 |
| | | |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here. | | records, enter the name of the ne |
| registered agent and/or the new registered office address her | <u>.c.</u> | > |
| Name of New Registered Agent: | DENNIS I. ARI | ECHAVALA |
| New Registered Office Address: | 2150 NW 9TH STR | EET (Main Office Building) |
| Trem megistered Office Francess. | Enter Florida stre | eet address |
| | MIAMI | Florida 33125 |

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

Page 1 of 3

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 |
|--------------|----------------------|--------------------------|----------------|
| MGR | DENNIS I. ARECHAVALA | 2150 NW 9TH STREET MIAMI | Add |
| | | | □ Remove |
| | | | Change |
| MGR | NILS BELLIDO DE LUNA | 1905 CALAIS DR. | |
| | | | ■ Remove |
| | | | Change |
| MGR | LIANA M. ALVAREZ | . | |
| | | 1905 CALAIS DR. | ■ Remove |
| | | | Change |
| | | | □ Add |
| | | | Remove |
| | | | Change |
| | | | Add |
| | | | Remove |
| | | | ☐ Change |
| | | | Add |
| | | | ☐ Remove |
| | | | □ Change |

| NILS BELLIDO DE LUI | IA AND LIANA M. ALVAREZ WERE PREVI | IOUSLY REMOVED FROM |
|--|---|---|
| NBDA ENTERPRISES L | LC. THIS AMEDMENT WILL SERVE TO RE | EMOVE LIANA M. ALVAREZ AND |
| NILS BELLIDO DE LUN | IA FROM THIS LLC. | |
| THIS AMEDMENT WIL | L ALSO SERVE TO PROVIDE THE NEW AI | DDRESS |
| FOR NBDA ENTERPRIS | SES AT: 2150 NW 9TH STREET (MAIN OFF | ICE BUILDING) MIAMI FL 33125 |
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| ote: If the date inserted in this | he date of filing: must be specific and cannot be prior to date of filing or block does not meet the applicable statutory fil Department of State's records. | (optional) more than 90 days after filing.) Pursuant to 60sing requirements, this date will not be list |
| record specifies a delay The 90th day after the r | ved effective date, but not an effective ecord is filed. | e time, at 12:01 a.m. on the earli |
| tedApril 15th | , 2016 | |
| | Denvis L. Ancharda Signature of a member or authorized representati | ve of a member |
| | DENNIS I. ARECHAVALA | |
| | Typed or printed name of signee | |

Page 3 of 3

Filing Fee: \$25.00