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B. BOSTICK
SEP 11 2012

EVAMINER

## **COVER LETTER**

SUBJECT:	NLP	Holdings, LLC		
	Name of Lir	nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are so	ubmitted for filing.		
Please return all corre	spondence concerning this matt	er to the following:		
		Joseph A. Porrello		
		Name of Person		
	J	loseph A. Porrello, P.A	١.	
		Firm/Company		
	7875	S.W. 104 Street, Suit	e 103	
	•	Address		
		Miami, Florida 33156		
	and the second s	City/State and Zip Code		12 TALL:
	E-mail address:	(to be used for future annual re	port notification)	TLABASSI
For further informatio	n concerning this matter, please	call:		(11)
	seph A. Porrello	at ( 305 )	374-0092	
Jo	seph A. Porrello e of Person	at ( <u>305</u> ) Area Code &	374-0092 2 Daytime Telephone Number	
Jo Nam	<del>'</del>			<b>宝</b> 克 <u>-</u>
Jo Nam	e of Person		& Daytime Telephone Number  \$60.00 Fili  Certificat enclosed)  Certified	ing Fee,
Jo Nam Enclosed is a check fo  \$25.00 Filing Fee	e of Person  r the following amount:  \$\int_\$30.00 Filing Fee &	Area Code &  \$55.00 Filing Fee &  Certified Copy (additional copy is	& Daytime Telephone Number  \$60.00 Fili  Certificat enclosed)  Certified	ing Fee,
Jo Nam Enclosed is a check fo  \$25.00 Filing Fee  MA Reg	e of Person  or the following amount:  \$30.00 Filing Fee & Certificate of Status  ILING ADDRESS: istration Section	Area Code &  \$55.00 Filing Fee &  Certified Copy (additional copy is a	\$60.00 Fili Certificat enclosed) Certified (additions)  COURIER ADDRESS: on Section	ing Fee,
Jo Nam Enclosed is a check fo  \$25.00 Filing Fee  MA Reg Divi	e of Person  or the following amount:  \$30.00 Filing Fee & Certificate of Status  ILING ADDRESS:	Area Code &  \$55.00 Filing Fee &  Certified Copy (additional copy is a  STREET/ Registration Division of Clifton Bu	\$60.00 Fili Certificat enclosed) Certified (additions)  COURIER ADDRESS: on Section f Corporations	ing Fee,

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NLP Ho	oldings, LLC				
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our recor ted Liability Company)	ds.			
(*********					
he Articles of Organization for this Limited Liability Company were filed onJuly 27, 2004 and assigned					
Florida document numberL0400055478					
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 end with the words "	Limited Liability Company," the design	ation "LLC" or the abbreviation			
"L.L.C."					
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>				
·		Apr. 12			
		22 S 77			
Enter new mailing address, if applicable:	7875 S.W. 104 Street	No. 1			
(Mailing address MAY BE A POST OFFICE BOX)	Suite 103	[7]			
·	Miami, Florida 33156				
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		enter-the name of the new			
registered agent and/or the new registered office address	nere:				
Name of New Posistand Agents					
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida str	and address			
	Enter Fioriaa Sir	eei aaaress			
	, Flor				
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Diane M. Porrello	P.O. BOX 450249 Miami, Florida 33245	Add  Remove
MGRM_	Nancy L. Porrello	P.O. BOX 450249 Miami, Florida 33245	☐ Add ✓ Remove
	•	Add Remove	
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necesso	ary.)
			12 SEP 10
Dated	September 5	2012	PH 4: 18
		Voseph A. Porrello	
		Typed or printed name of signee	<u></u>

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Filing Fee: \$25.00