109000045659

(Address) (Address) (City/State/Zip/Phone #) [PICK-UP	• •				
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		(Requestor's Name)			
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	•				
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	* *	•			
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status					
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	•	(Address)			
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		<i>:</i>			
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		•			
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		•			
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		(Address)			
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	, " \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status					
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status					
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		(City/State/Zip/Phone #)			
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	•				
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	•	•			
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	ם פוכע נוו	D MAN MAN			
(Document Number) Certified Copies Certificates of Status	- FICK-O	L VVAII L IVIAIL			
(Document Number) Certified Copies Certificates of Status					
(Document Number) Certified Copies Certificates of Status					
(Document Number) Certified Copies Certificates of Status					
Certified Copies Certificates of Status		(Business Entity Name)			
Certified Copies Certificates of Status	*				
Certified Copies Certificates of Status					
Certified Copies Certificates of Status		<u> </u>			
Certified Copies Certificates of Status		(Document Number)			
		,			
		·			
	Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:					
Special Instructions to Filing Officer:					
Special Instructions to Filing Officer:					
Special Instructions to Filing Officer:					
	Special Instructions to Filing Officer:				
	_				
		!			
		·			
		i			
	1				
•					
		i			
	· ·				
	<u> </u>	<u> </u>			

Office Use Only



900181526799

06/17/10--01039--007 **25.00

FILED
10 JUN 17 PH 3: 14
SECRETARY OF STATE
SECRETA

D. BRUCE
JUN 18 2010
EXAMINER

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

REM RE NBV. 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: Richard J. Geisert, Esq. Name of Person Richard J. Geisert, P.A. Firm/Company 9851 NW 58 Street, Unit 115 Address Doral, FL 33178 City/State and Zip Code rjglaw@yahoo.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Richard J. Geisert, Esq. at (305) Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: **7\$55.00** Filing Fee & \$25.00 Filing Fee \$30.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &-(additional copy is enclosed) Certified Copy (additional copy is enclosed) **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations . P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REM RE NBV,	LLC	
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.)	
(A Florida Limited Liability	Company) .	
The Articles of Organization for this Limited Liability Company were f	iled on May 11, 2009	and assigned
Florida document number L09000045659	• 4,	
riorda document number	į	
	* : !	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co	ımnany here	
The state of the families of the families and the state of the families and the state of the families of the f	inpuny nore.	
	<u> </u>	
The new name must be distinguishable and end with the words "Limited Lia "L.L.C."	bility Company," the designation	n "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	•	
		Sico
· · · · · · · · · · · · · · · · · · ·		- Fig. 6
Enter new mailing address, if applicable:	; ; ;	-
(Mailing address MAY BE A POST OFFICE BOX)	;	
	· · · · · · · · · · · · · · · · · · ·	
•		かが、
B. If amending the registered agent and/or registered office ad	ldress on our records, ente	r the name of the new
registered agent and/or the new registered office address here:		
Name of New Registered Agent:		
	٠.	•
New Registered Office Address:	Enter Florida street d	addraga
	Emer Piortau Street (uur vss
· .	, 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 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 -Title Name **Address Type of Action MGRM** Pavel Krousky 2601 NE 18th Street Pompano Beach, FL 33062 ✓ Remove ☐ Add Remove Remove Add □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 6/16 Dated Signature of a member or authorized representative of a member Lucia Ardelean
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00