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2010 JAN II AH 9: 4-1

M. THOMAS

JAN 1 2 2010

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Nader Aut	to Brokers, LLC ed Liability Company
The enclosed Articles of Amendment and fee(s) are subr	nitted for filing.
Please return all correspondence concerning this matter t	to the following:
Gusta	Name of Person
Nadert	tuto Brokens CLC
1493 GC	Firm/Company  Address  Address
Weston	Address  City/State and Zip Code
9USN ade E-mail address: (to	be used for future annual report notification)
For further information concerning this matter, please ca	dl:
GUSTAVO NAOLER 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	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NACY TWO DY	OKEIS LUC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) iability Company)	
·	12/21/200	.9
The Articles of Organization for this Limited Liability Company	were filed on 14211200	and assigned
Florida document number L0900120539	•	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:	
N/A	ney company nere.	ta <del>⊷</del>
The new name must be distinguishable and end with the words "Limit	rad Liability Company "the decignation"	LLC or the abbreviation
Linit the new hante must be distinguishable and end with the words. Emili L.L.C."	ed Liability Company, the designation	C = the apple viation
Cutou nove principal offices address if applicables	NIA	通量行
Enter new principal offices address, if applicable:		Ser Tri
Principal office address MUST BE A STREET ADDRESS)		
		9 5
	a/l A	音が、コ
Enter new mailing address, if applicable:	70171	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	-	the name of the new
egistered agent units of the new registered office address nere	-	•
Name of New Registered Agent:	NA	
Name of New Registered Agent.	1 - 1	
New Registered Office Address:		
	Enter Florida street ad	dress
	, 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 , <u>Title</u> **Type of Action Address Name** M. Nader ☐ Add Remove ppzy M. Nader Remove Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) representative of a member Signature of a member or a Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00