L 10000002986

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	Ļ
(Business Entity Name)	
(Document Number)	
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TALLAHASSEE, FLORIS

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Numa 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:



Name of Person

Numa LLC

Firm/Company

20533 Biscayne Blvd STE 482

Address

Aventura FL 33180

City/State and Zip Code

dalinodb@gmail.com

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

For further information concerning this matter, please call:

Brian Bussey

...954.**804** 5363

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)

TO THE PARTY OF TH

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

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ARTICLES OF A	MENDMENT
TO	
ARTICLES OF O	RGANIZATION (A)
Ol	
Norma III O	RGANIZATION Exas it now appears on our records. Cability Company)
Numa LLC (Name of the Limited Liability Company)	y as it now appears on our records
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	lability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1000002986</u>	were filed on 1/08/2010 and assigned
	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(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	
Name of New Registered Agent:	
New Registered Office Address:	
A TOTA NO GENERAL CONTROL PROGRAMMENT	Enter Florida street address
	. 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>	Name	Address	Type of Action
MGR	Mirta Bussey	20533 Biscayne Blvd	Add
	•	ste 482 Aventura FL	Remove
		33180	
			Add
			Remove
			
			Add
			Remove
			Add
			Remove
			Remove
			— —
			Add
	-		Remove

. If am	ending any other information,	, enter change(s) here: (Attach additional sheets, if necessary.)
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	<u> </u>		
ated	March 25	2012	
	TWO CO		
		51_	
	Signatur	re of a member of authorized representative of a member	
	Brian Bussey	0	
		Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00