10000040401

| | (Requestor's Name) | |
|------------------|--------------------------|---|
| | (Address) | |
| | (Address) | |
| | | |
| | (City/State/Zip/Phone #) | |
| PICK-UF | P WAIT MAIL | |
| | (Business Entity Name) | - |
| | (Document Number) | |
| Certified Copies | Certificates of Status | |

Special Instructions to Filing Officer:

L. SELLERS

NOV. - 8 2011

EXAMINER

Office Use Only



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11 NOV -2 PH 6: 24 SECRETARY OF STATE

COVER LETTER

| ТО: | Registration's Division of Co | | | | |
|---------|-------------------------------|---|---|--|----|
| SUBJE | CT. | NAT INVESTM | ENT HOLDINGS, LI | _C | |
| SUBJ | | | ited Liability Company | | |
| The en | closed Articles o | of Amendment and fee(s) are sul | bmitted for filing. | | |
| Please | return all corresp | pondence concerning this matter | to the following: | | |
| | | | Natalia Mogilevsky | | |
| | | | Name of Person | | |
| | | NAT INV | ESTMENT HOLDINGS | , LLC | |
| | | | Firm/Company | | |
| | | 12 | MARTINIQUE COVE | | |
| | | | Address | | |
| | | PALM B | EACH GARDENS, FL 3 | 3418 | |
| | | | City/State and Zip Code | | |
| | | E-mail address: (| ogil@msigroupinc.com to be used for future annual report | notification) | |
| For fur | ther information | concerning this matter, please of | eall: | | |
| | | alia Mogilevsky | at (561) | 215-0845 | |
| | Name | of Person | Area Code & Da | ytime Telephone Number | |
| Enclose | ed is a check for | the following amount: | | | |
| \$25 | .00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is encl | Section Status & Certificate of Status & Certified Copy (additional copy is enclose) | d) |
| | Regis Divisi P.O. I | LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314 | Registration So Division of Co Clifton Buildir | rporations ng e Center Circle | |



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 13, 2011

NATALIA MOGILEVSKY 12 MARTINIQUE COVE PALM BEACH GARDENS, FL 33418

SUBJECT: NAT INVESTMENT HOLDINGS, LLC

Ref. Number: L10000040401

We have received your document for NAT INVESTMENT HOLDINGS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 311A00023560

Leslie Sellers Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| NAT INVESTMEN | I HOLDIN | NGS, L | .LC | | _ | |
|---|--|---------------------------|-------------------------|------------|---------|-------------|
| (Name of the Limited Liability Compa (A Florida Limited | any as it now : Liability Com _l | <u>appears o</u> pany) | <u>n our records.</u>) | | | |
| The Articles of Organization for this Limited Liability Company Florida document numberL10000040401 | y were filed o | on | 04/15/2010 | an | d assig | gned |
| This amendment is submitted to amend the following: | | | | | | |
| A. If amending name, enter the new name of the limited lial | bility compar | ny here: | | | | |
| N/A | 4 | | | | | |
| The new name must be distinguishable and end with the words "Lim"L.L.C." | ited Liability (| Company, | " the designation | ı "LLC" or | the ab | breviatio |
| Enter new principal offices address, if applicable: | <u> </u> | | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | N/A | | | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | N/A | | | | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | | s on our | records, enter | r the nar | ne of | the nev |
| Name of New Registered Agent: N/A | | | | | | |
| New Registered Office Address: N/A | | | | TAE | | |
| | | Enter | Florida street a | ddresco | Ş | 77 |
| | N/A City | ····· | , Florida _ | SAN | Code | Process. |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr the provisions of all statutes relative to the proper and comp | ree to act in t | | | | | |

If Changing Registered Agent, Signature of New Registered Agent

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 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** Ilia Mogilevsky ☑ Add □ Remove 9590 Osprey Isles Blvd West Palm Beach, FL 33412 ☐ Add Remove ☐ Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A October 10 2011 Dated_ Signature of a member or authorized representative of a member Natalia Mogilevsky Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00