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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: N2HM, WC 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:
NIUNE PEXEZ.
NRHM, LUC Firm/Company
19570 Franjo Rd
Cutler Day FL 37157 Giv/State and Zip Code
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
May 17 V Loavigul 2 at (184) 296-1625  Name of Person at (184) Daytime Telephone Number
Enclosed is a check for the following amount:  S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

STREET/COURIER ADDRESS:

Registration Section

Division of Corporations Clifton Building

2661 Executive Center Circle

MAILING ADDRESS:

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ТО
ARTICLES OF ORGANIZATION
OF Control of the Con
ARTICLES OF ORGANIZATION  OF  (Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)  The Articles of Organization for this Limited Liability Company were filed on (2) (2, 2) (1) and assigned
The Articles of Organization for this Limited Liability Company were filed on and assigned and assigned
Florida document number V 10000099 617.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
NIA
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable: 6747 SW 129 ST
(Principal office address MUST BE A STREET ADDRESS) MY (MY) FL カウコーレ
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  [Mailing address MAY BE A POST OFFICE BOX]
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:  Enter Florida street address
t amer ribrida street address
, Florida City Zip Code
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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title Name Address **Type of Action** Martin Ridriguez 7965 sw 124 it order mami, FL 33156 \_□ Change □ Add ☐ Remove \_□ Change MGR Nicole Perez 6747 JW 129 ST Mami Fl. nolly ☐ Change □ Add ☐ Remove \_□ Change □ Add ☐ Remove Change □ Add ☐ Remove ☐ Change

-	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing:
e rec The	ord specifies a delayed effective date, but not an effective time, at $12:01~a.m.$ on the earlier of: $90th\ day\ after\ the\ record\ is\ filed.$
Dated <sub>.</sub>	April 17. 2019.
	Signature of a member or authorized representative of a member
	May In Pody a U-7 Typed or printed name of signee

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Filing Fee: \$25.00