L10000113101

(Business Entity Name)						
(Document Number)						
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EXAMINER

COVER LETTER

TO:	Registration Sec Division of Corp				
SUBJE	·CT·	FIN	IMIT LLC		
SCBOL			ted Liability Company		
The end	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please r	return all correspor	ndence concerning this matter	to the following:		
		<u> </u>	ibo B. Fineberg, Esq.		10 DEC
					EC-7 PH 2
		Law (Office of Libo B. Fineber	g	SERO PE
			Firm/Company		7 PH 2: 35
		3500	Gateway Drive, Suite 20)1	EEE 33
			Address		D'
Pompano Beach, Florid City/State and Zip Cod			ano Beach, Florida 3306	S9 .	
			City/State and Zip Code		
		lib	olawyer@gmail.com		
		E-mail address: (t	o be used for future annual report n	otification)	
For furt	her information co	oncerning this matter, please c	all:		
	Libo	B. Fineberg	at (954)	975-6060	
	Name of	-		time Telephone Number	
Enclose	ed is a check for the	e following amount:			
\$25.00 Filing Fee \$\times \$30.00 Filing Fee \$\times \$\text{Certificate of Status}\$\$ MAILING ADDRESS: Registration Section		\$55.00 Filing Fee & Certified Copy (additional copy is enclo		f Status &	
		STREET/COU Registration Se	URIER ADDRESS: ction		

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

	NMIT LLC				
(<u>Name of the Limited Liability C</u> (A Florida Lii	Company as it now appears on our i mited Liability Company)	ecords.)			
The Articles of Organization for this Limited Liability Confered adocument numberL10000113101	mpany were filed on October	29, 2010 and assigned			
This amendment is submitted to amend the following:		10 DEC-			
A. If amending name, enter the new name of the limite	ed liability company here:	J PI			
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company," the d	esignation "LLC" of the abluration			
Enter new principal offices address, if applicable:	-	****			
<u>(Principal office address MUST BE A STREET ADDRE</u>	ESS)				
	with the second				
Enter new mailing address, if applicable:	Law Office of Libo B.	Fineberg			
(Mailing address MAY BE A POST OFFICE BOX)	3500 Gateway Drive,	Suite 201			
	Pompano Beach, FL	33069			
B. If amending the registered agent and/or registered registered agent and/or the new registered office addressed agent and Name of New Registered Agent:		ds, enter the name of the new			
New Registered Office Address:					
	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 **Type of Action** Address Title Name **MGRM** LIBO B FINEBERG 3500 Gateway Drive ✓ Add Remove Suite 201 Pompano Beach, FL 33069 Hussain Mithavayani MGRM 11456 SW 33nd Court Davie, FL 33325 Remove Remove ☐ Add Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Du amber 6 Signature of a member or authorized representative of a member Libo B Fineberg Typed or printed name of signee

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Filing Fee: \$25.00