L10000128553

(Re	questor's Name)	
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11 AUG 16 PH 4:0
SECRETARY OF STATE

COVER LETTER

TO:	Registration Secti Division of Corpo				
SUBJE	CCT:	NEW ESTATE	ENTERPRISES LLO		
)		ted Liability Company		
The eng	losed Articles of An	nendment and fee(s) are sub	omitted for filing.		
Please	return all correspond	ence concerning this matter	to the following:		
			AYSHE KADIR		
			Name of Person		
NEW ESTATE ENTERPRISES LLC					
	•		Firm/Company		
	4440 PGA BOULEVARD, SUITE 600				
			Address	,	
		PALM BEACH GARDENS, FL 33410			
City/State and Zip Code					
INFO@A3ENTERPRISES.COM E-mail address: (to be used for future annual report notification)					
For furt	her information conc	erning this matter, please c	•		
AYSHE KADIR		at (_561)	427 7246		
	Name of Pe	rson	Area Code & Day	time Telephone Number	•
Enclose	d is a check for the f	ollowing amount:			
? \$25.	00 Filing Fee [\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) Certified	te of Status &

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

FILED

11 AUG 16 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW ESTATI	E ENTERPRISES	LLC	
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appea imited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on	12/27/2010	and assigned
Florida document number <u>L10000128553</u>	<u> -</u>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company he	<u>re</u> :	
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liability Compa	any," the designation "L	LC" or the abbreviatio
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRI	ESS)		
	 		
Enter new mailing address, if applicable:	en la la constanta de la cons		
(Mailing address MAY BE A POST OFFICE BOX)			
	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		our records, <u>enter t</u>	he name of the nev
	 -		
Name of New Registered Agent:		,	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	En	ter Florida street addr	ess
	2	, 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 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>	<u>Address</u>		Type of Action		
MGR	AYSHE KADIR	4440 PGA BOULEVARD, SUITE 600 PALM BEACH GARDENS FL 33410		Add Remove		
			Add Ren			
			Add Rem			
			Add Rem			
			Add Rem	ove		
			Add Rem	ove		
D. If amendi	ng any other information, enter change(s)	here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE	11 AUG 16 PH 4:09	FILED	
Dated	5TH AUGUST , 2011					
-	Signature of a member or	authorized representative of a member				
	AY	SHE KADIR				
_		printed name of signee				

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Filing Fee: \$25.00