110000 26081

(F	Requestor's Name)
(F	Address)
(<i>F</i>	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(E	Document Number)
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DEC 2 7 2018

I ALBRITTON

COVER LETTER

	NITS, LLC		
Noninet:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	MAURICE R. COSTA, ES	SQ.	
	COSTA & ASSOCIATES.	Name of Person . P.A.	
	6843 MAIN STREET, STI	Firm/Company E#302	
	MIAMI LAKES, FL 3301-	Address	
	mitchelsabina@msrealtycor	City/State and Zip Code	
For further informatio	E-mail address: (i in concerning this matter, please co	to be used for future annual report notit all:	lication)
MAURICE R. COST	A, ESQ.	305 827-0100 at()	
Nan	ne of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check fo	or the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

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

2018 DEC 12 PA 4: 15

ALL UNITS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

~	lity Company were filed on 03/02/2011	and assigned
Florida document number 1.11000026081	,	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.)		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter</u> <u>address here</u> :	the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<u>-</u>	, 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 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.

1f Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MITCHEL SABINA	7767 NW 146 STREET, MIAMI LAKES, FL 33016	
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add
		□ Remove	
			Change
	······································		Add
			□ Remove
			Change

					
					
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Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this bidocument's effective date on the D	st be specific and cannot be lock does not meet the a	ipplicable sta			
the record specifies a delayed) The 90th day after the rec		it not an e	ffective time,	at 12:01 a.m. on	the earlier of
Dated	2018				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00