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07/21/17--01015--003 \*\*25.06





#### TO: Registration Section Division of Corporations

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### NOFLA INVESTMENTS, LLC

SUBJECT:

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:

E. DAVID BENSADON

Name of Person

NOFLA INVESTMENTS, LLC

Firm/Company

20855 NE 16TH AVE., SUITE C16

Address

MIAML FL 33179

City/State and Zip Code

edbensadon@gmail.com

E-mail address; (to be used for future annual report notification)

\_at (\_

For further information concerning this matter, please call:

E. DAVID BENSADON

Name of Person

786 558-2233

Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)

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

NOFLA INVESTMENTS, LLC

#### (<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

This amendment is submitted to amend the following:

## A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liab	ility Company," the a	lesignation "LLC"	or the abbreviation "	11C."	
Enter new principal offices address, if applicable:	11550 INTERCHANGE CIR N		AL.	2017	
(Principal office address MUST BE A STREET ADDRESS)	MIRAMAR, F	1.33025		J	î }
				2	91223-1-00 11
Enter new mailing address, if applicable:	SAME	As +	≞≓ ∵_≘≯V&	P K	<b>7</b> 11
(Mailing address MAY BE A POST OFFICE BOX)			E State	ŝ	
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B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	·	
New Registered Office Address:		Iress
		Florida

## 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

Page 1 of 3

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

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<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			Change
			Add
			C Remove
			Change
			O Add
			Remove
			Change
			🗆 Add
			Remove
			Change
			Add
	<u> </u>		
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing | Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.  $\bigwedge$ 

Dated	Signature of a member or authorized representative of a member	
	E. DAVIO DENDEN Typed or printed name of signee	
	Cyped of printed name of signee	2 2 M
	Page 3 of 3	
	Filing Fee: \$25.00	

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