

L11000046755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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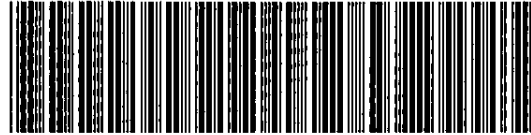
(Business Entity Name)

(Document Number)

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2011 SEP 26 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

SEP 28 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NPS2 Valet, LLC
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:

DIANA RODRIGUEZ PA
Name of Person

DIANA RODRIGUEZ Attorney
Firm/Company

200 SE 15th Street
Address

Dania Beach, FL 33004
City/State and Zip Code

rudyr@nps2valet.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rudy Rodriguez at (786) 955-3844
Name of Person 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 (additional 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

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28 SEP 26 AM 9:47

NPS 2 VALLEY, LLC

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

SECRETARY OF STATE
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 4-20-11 and assigned
Florida document number L11000046755

This amendment is submitted to amend the following:

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

~~NPS 2 ENTERPRISES LLC~~ NPS 2 ENTERPRISES LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

~~601 NE 36th St~~
210 174th St # 804
Sunny Isles Bch FL 33160

Enter new mailing address, if applicable:

(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:

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

Title	Name	Address	Type of Action
UGRM	ERIK DREIS	601 WE 36th St #1205 MIAMI FL 33137	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
UGRM	DIANA E. RODRIGUEZ	200 SE 15th St DADE BEH FL 33004	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2811 SEP 26 AM 9:48

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Dated

9-1 2011

Signature of a member or authorized representative of a member

RUDY G. RODRIGUEZ

Typed or printed name of signee