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T. HAMPTON

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EXAMINER

COVER LETTER

TO: Registration S Division of Co		•			
SUBJECT:	NIR	RSAM LLC			
SUBJECT.		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	r to the following:			
SAMUEL HODOROV					
		Name of Person			
		NIRSAM LLC			
	Firm/Company				
	1040 SEMINOLE DR SUITE # 758				
	Address				
	FORT LAUDERDALE ,FL 33304				
City/State and Zip Code					
	shmulik_hod@hotmail.com E-mail address: (to be used for future annual report notification)				
	·	·	non)		
For further information	concerning this matter, please c	call:			
	JEL HODOROV	at (<u>· · · ·)</u>	347663		
Name o	of Person	Area Code & Daytime T	'elephone Number		
Enclosed is a check for t	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 Taliahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

NIRSAM LLC

(Name of the Limited Liability Company as it now appears or our records E. FLORIDA

(A Florida Limited Liability Company)

	(AT TOTICA EMBICA EMOTINY CO	inpuny /		
The Articles of Organization for this Limite Florida document number L11000		on SEPTEMBER	₹ 8,2011 and assigned	
rionda document number				
This amendment is submitted to amend the	following:			
A. If amending name, enter the new nam	ne of the limited liability comp	any here:		
The new name must be distinguishable and end "L.L.C."	d with the words "Limited Liabilit	y Company," the desig	nation "LLC" or the abbreviation	
Enter new principal offices address, if ap	plicable:			
(Principal office address MUST BE A STI	REET ADDRESS)			
	<u></u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFI				
	•			
B. If amending the registered agent a registered agent and/or the new registere		ess on our records,	enter the name of the new	
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida st	reet 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 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** NEER D HODOROV 570 AMSTERDAM AVE APT # 2R ✓ Add Remove NEW YORK, NY 10024 ☐ Add Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) SAMUEL HODOROV OWN 50% OF NIRSAM LLC NEER .D. HODOROV OWN 50% OF NIRSAM LLC **NOVEMBER 24** 2011 Dated Signature of a member or authorized representative of a member AMUEL HODOROV Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00