L11000143101

(Requestor's Name)	-			
(Address)	_			
(Address)	_			
(City/State/Zip/Phone #)	_			
PICK-UP WAIT MAIL				
(Business Entity Name)	_			
(Document Number)				
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SECRETARY OF STATE DIVISION OF CORPORATIONS

C. LEWIS
NOV 1 6 2012
EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		****	****	i s	Magis wag	ध
SU B 91	ECT:	N	ANO 9	98 LLC			
		Name of Li	imited Li	ability Company		<u> </u>	
The en	closed Articles of Amendmen	nt and fee(s) are	submitted	d for filing.			
Please	return all correspondence cor	ncerning this mat	tter to the	e following:			
			STEV	EN A. SPEN	CER		
				Name of Person			
		STEVEN	A. SPE	NCER AND	ASSOCIAT	ES	
	-			Firm/Company			
			1900 E	. ROBINSON	NST.		
				Address			
		OF	RLAND	O, FLORIDA	32803		
			City	/State and Zip Cod	e		
•	·	spen E-mail address	ceracces: (to be us	ounting1@ya	hoo.com	tion)	
For fur	ther information concerning t				·	,	
	STEVEN A. SP	ENCER		at (407)	89	94-0081	
	Name of Person	<u>-</u>			ode & Daytime T	elephone Number	
Enclos	ed is a check for the followin	g amount:					
\$25		0 Filing Fee & tificate of Status		\$55.00 Filing Fee Certified Copy (additional copy		Certified C	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. SECRETARY OF STAIL DIVISION OF CORPORATION:

2012 NOV 15 AM II: 57

	NANO 98 LLC		
(<u>N</u>	ame of the Limited Liability Company as it now ap (A Florida Limited Liability Compar	pears on our records.)	
The Articles of Organization	for this Limited Liability Company were filed on _	12/21/2011	and assigned
Florida document number _	L11000143101		
This amendment is submitte	d to amend the following:		
A. If amending name, ente	r the new name of the limited liability company	<u>here</u> :	
The new name must be disting "L.L.C."	uishable and end with the words "Limited Liability Co	mpany," the designation "L	LC" or the abbreviation
Enter new principal offices	address, if applicable:		
(Principal office address M	UST BE A STREET ADDRESS)		
Enter new mailing address	if applicable.		
(Mailing address MAY BE	4 POST OFFICE DOLD		
D 10 11 11			C 4l.
	tered agent and/or registered office address of new registered office address here:	on our records, <u>enter t</u>	ne name of the new
Name of New Reg	stered Agent:		
New Registered Of	fice Address:	Enter Florida street add	ress
		, Florida	
	City		Zin 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.

All'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>	Address	Type of Action
MGRM.	SHARON MAZRAWI	3762 WINDING LAKE CIRCLE ORLANDO, ELORIDA 32835	Add ✓ Remove
<u>MGRM</u>	SEAN MAZRAWI	3762 WINDING LAKE CIRCLE ORLANDO, FLORIDA 32835	✓ Add ☐ Remove
	·		Add Remove
			Add Remove
 	·		Add Remove
			Add Remove
D. If amend	ing any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.	
			SECRETARY OF CORT
Dated	JUNE 30	2012 EUN 11/13/12	RPCRATIONS AM 11: 57
	\	ber or authorized representative of a member FEVEN A. SPENCER	
	Tyr	ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00