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12/14/2032 23:45  
850-817-8381

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#6990 P.001/004



February 3, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

NUBRAS LLC  
2875 NE 191ST STREET  
TURNBERRY PLAZA STE 801  
AVENTURA, FL 33180

SUBJECT: NUBRAS LLC  
REF: L12000099242

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch  
Regulatory Specialist II

FAX Aud. #: H15000026459  
Letter Number: 715A00002100

RECEIVED  
15 FEB -3 AM 10:00  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

P.O BOX 6327 - Tallahassee, Florida 32314

H15000026459.2

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

NUBBAS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/01/12 and assigned  
Florida document number L12000099242

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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

City, Florida 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.

If Changing Registered Agent, Signature of New Registered Agent

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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
MGR	FEDEWILL LLC	ONE COMMERCE CENTER 1201 ORANGE ST STE 600 WILMINGTON, DELAWARE 19899	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	BUCONIC, SEBASTIAN	1090 KANE CONCOURSE SUITE 207 BAY HARBOR ISLANDS, FL 33154	<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
			<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.)

Dated JANUARY 30

2015

Signature of a member or authorized representative of a member

SEBASTIAN BUCONIC

Typed or printed name of signer

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