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COVER LETTER

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TO: Registration Section Division of Corporations
SUBJECT: NACAYS , 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:
Tanya Garcia lega Name of Person
Ranck Beskin Garia Vega, P. A. 6500 Couper Rd. Suite 204
6500 Couper Rd. Suite 204
Miani Lakes F1 33014 Tue cap raicklaw: con
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Tama Vella at 35 550-5009 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$ Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
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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

(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 8-7-242 and assigned Florida document number U2000101779							
This amendment is submitted to amend the follow	ving:						
A. If amending name, enter the new name of t	he limited liability company here:						
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," th	e designation "LLC" o	or the abbrevia	tion			
Enter new principal offices address, if applicab	ole:						
(Principal office address MUST BE A STREET	ADDRESS)	. <u></u>		_			
				_			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	ox)			-			
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	ce address here:	cords, enter the na	SECRETARY OF STATE TABLE ANASSEE, FLORID				
	City	, Florida	⊙ Code	<u>-</u>			
	City	Z.I.J.	coue				

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 <u>Title</u> Name Address **Type of Action** MGR ROSArio Blount
HGR ROSArio Blout D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated September Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00