

L12.000015237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

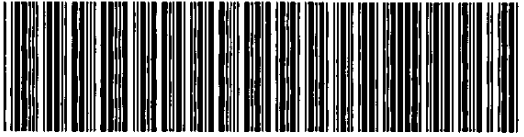
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CLERK OF SUPERIOR COURT
HALL COUNTY GEORGIA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NGF REALTY 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:

GIACOMO BOSSA

Name of Person

MORIS & ASSOCIATES

Firm/Company

3650 NW 82nd AVE, SUITE 401

Address

DORAL, FL 33166

City/State and Zip Code

gbossa@anmpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GIACOMO BOSSA

Name of Person

at 305 559-1600

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

REGISTRATION SECTION
TALLAHASSEE, FL 32301

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

NGF REALTY 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 9-10-2012 and assigned Florida document number L12000115237

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices 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: MORIS & ASSOCIATES
New Registered Office Address: 3650 NW 82nd AVE, SUITE 401
Enter Florida street address
DORAL, Florida 33166
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 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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2012 JUL - 8 PM 3:07
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	REMIDA MANAGEMENT LLC	2961 1ST AVENUE NORTH, SUITE F ST PETERSBURG, FL 33713	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MASSIMILIANO TROTTA	VIA DEL SEMINARIO, 9 GROTTAFERRATA, RM 00046 IT	<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
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 OFFICE OF THE
 CLERK OF THE
 SUPERIOR COURT
 IN AND FOR THE
 COUNTY OF
 HARRIS
 TEXAS

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

Four horizontal dashed lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 24 2014

Massimo Donati

Signature of a member or authorized representative of a member

MASSIMO DONATI

Typed or printed name of signer

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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