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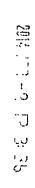
(Re	equestor's Name)	
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B. BOSTICK
APR 10 2014
EXAMINER

COVER LETTER

TO: Registration S Division of Co						
SUBJECT: N	FDOFZ6, LLC Name of Lim	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Albert Wess	sels				
		Name of Person				
	NAFDOF					
		Firm/Company				
	PO Box 99					
		Address				
	Buffalo, NY	14205				
		City/State and Zip Code				
	albert@nafdof.co	off I to be used for future annual re	eport notification)			
For further information c	concerning this matter, please c	all:		~ / 	2614	
Albert Wes	sels	_{at} (289) 43	34-4225			, .
Name o	f Person	Area Code	Daytime Telepho	one Number	ھ	
Enclosed is a check for the	he following amount:				IJ W	
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing For Certificate of S Certified Copy (additional copy is	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

NAFDOF26, 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 September 17, 2012 and assigned Florida document number <u>L</u>12000118692 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 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: Olsen Law Partners, LLP Name of New Registered Agent: 2518 Edgewater Dr New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to aglin 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, herety confirm that the limited liability company has been notified in writing of this change.

City

Orlando

If Changing Registered Agent, Signature of New Registered Agent

Florida 32804

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

MGR = Manager

<u>itle</u>	Name	Address	Type of Acti
			Add
			□ Remove
			Add
			☐ Remove
			
			Remove
			Add
			☐ Remove
			K5
			Add
			Remove
			- Ψ
			D Add`
			· □ Remove

D. If amending	gany other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective da (The effective da the date this do	te, if other than the date of filing:
Dated	March 21, 2014.
	Signature of a member or authorized representative of a member
Д	lbert Wessels
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00