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COVER LETTER

TO: Registration Section
'Division of Corporations

NSMS INVESTMENTS 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:

Sima Patel

Name of Person

NSMS INVESTMENTS LLC

Firm/Company

5825 International Drive N

Address

Orlando, FL 32819

City/State and Zip Code

sima@jasminhospitality.com

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

For further information concerning this matter, please call:

Sima Patel

321,217,7034

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NSMS INVESTMENTS LLC

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

(A Florida Limited Liability Company)

(A Flotiua L	Innited Liability Company)			
The Articles of Organization for this Limited Liability Confict of Plorida document number L12000162129	ompany were filed on Decer	mber 31, 201	2 and assigned	Ţ
	 '			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company here:			
The new name must be distinguishable and end with the wore "L.L.C."	ds "Limited Liability Company,"	'the designation	"LLC" or the abbrev	iation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	ESS)			
			-	
Enter new mailing address, if applicable:			強傷 8	T
(Mailing address MAY BE A POST OFFICE BOX)			တို့ သ	H-10-201
				73
			S T	
B. If amending the registered agent and/or registered agent and/or the new registered office address	ered office address on our	records, enter	the name of the	-new
The second of th	COS HOLO	•	, 5 OI	
Name of New Registered Agent:				
				_
New Registered Office Address:	Enter	Florida street a	ddrass	—
	Diag.			
	City	, Florida _	Zip Code	
New Registered Agent's Signature if changing Degistered	•		Lip Couc	

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

Title	<u>Name</u>	Address	Type of Action
MGR	Sima Patel	9032 Tavolini Terrace	Add
		Windermere, FL 34786	Remove
MGRM	Simo Dotal	0022 Tayolini Tayon	
	Sima Patel	9032 Tavolini Terrace	Add
		Windermere, FL 34786	Remove
MGRM	Nisha Patel	15126 Lenox Drive	
•		Strongsville, OH 44136	Remove
			2 0 1
MGRM	Milan D Patel	3025 Seigneury Drive	Add
		Windermere, FL 34786	Remove
		호 조	
MGRM	Sahil D Patel	3025 Seigneury Drive	_ Add
		Windermere, FL 34786	Remove
		•	 .
		74	Add
			Remove

D. If amending	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
, Plea	ase remove all managing members and replace with Sima Patel, as Manager.
•	
Dated Octo	ober 23
_	Smalatel
	Signature of a member or authorized representative of a member
	Sima Patel
	Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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