# L13000014893

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B. BOSTICK

SEP 2 4 2013

**EXAMINER** 

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

## N & M INVESTMENT GROUP USA 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:

## MARINE LESGUER

Name of Person

## N & M INVESTMENT GROUP USA LLC

Firm/Company

# 244 BISCAYNE BLVD # 244

Address

MIAMI, FL. 33132

City/State and Zip Code

## MARINE.LESGUER@GMAIL.COM

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

For further information concerning this matter, please call:

## MARINE LESGUER

347 744 0473

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)

O\$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**

#### N & M INVESTMENT GROUP USA LLC

(Name of the Limited	Liability Compa Florida Limited I	ny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited L Florida document number L1300001489:	iability Company  3	were filed on <u>L13</u>	000014893	_ and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here	:	
The new name must be distinguishable and end wit "L.L.C."	th the words "Limi	ted Liability Compan	y," the designation "LLC	C" or the abbreviation
Enter new principal offices address, if applic	able:	638 COLLIN	IS AVENUE 🕏 "	20
(Principal office address MUST BE A STREET ADDRESS)		MIAMI BEA	CH, FL, 33139	SP
			H P S	5 N 15
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		638 COLLIN		3 3
			CH, FL, 33139	25 (27)
		IVIIAIVII DEA	O11, 1 E, 33139	<u> </u>
B. If amending the registered agent and/ registered agent and/or the new registered of	ffice address her	<u>e</u> :	ur records, <u>enter the</u>	name of the nev
Name of New Registered Agent:	MARINE I	LESGUER		
New Registered Office Address:	638 COLLINS AVENUE			
	Enter Florida street address			
	MIAMI BE		, Florida <u>331</u>	39
N 10 10 10 10 10 10 10 10 10 10 10 10 10		City		Zip Code
New Registered Agent's Signature, if changing I	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 **Type of Action** <u>Address</u> Add Remove Remove Remove Remove Remove

f amending any other information, ent	er change(s) here: (Attach additional sheets, if necessary.)
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:	
09/18/2013	MIAMI
	,
	lesque
Signature of	a member or authorized representative of a member
MARINE LESGUER	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 SEP 23 AMIN: 37