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(Re	questor's Name)	
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· (Do	ocument Number)	
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SECRETARY OF STATE

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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Co	rporations		
SUBJECT: NOM	OFOMO LLC		
Joba Dollar		ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are subr	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	BARUC	L SANDHAUS	
		Name of Person	
	NOWDE	Firm/Company	——————————————————————————————————————
	4430 NAV	TILUS DRIVE Address	ALLANDA TI
	MIGNI B	EACH FL, 3314	MIN 13 AMASSEE, FI
	BSANDHAUS E-mail address: (1	City State and Zip Code (City State and Zip	E.COM STATES
For further information	concerning this matter, please ca		
BARUCH	SCAHOWAZ	at (786) 457 Area Code Daytime	-4912
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)
Regis Divis	LING ADDRESS: stration Section tion of Corporations Box 6327	STREET/COURING Registration Section Division of Corport Clifton Building	n
	harra El 20214	3661 Eventive Co	utou Ciuolo

Clifton Building 2661 Executive Center Circle Tailahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

Nomoromo.11C		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records Liability Company)	<u>,)</u>
The Articles of Organization for this Limited Liability Company	were filed on 3 19/1	3 and assigned
Florida document number <u>L13000941413</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	_	A CO
		置量工
		SP 13 F
Enter new mailing address, if applicable:		## E C
(Mailing address MAY BE A POST OFFICE BOX)		
		第一 万
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, e:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Kayla Green	2861 NE 185 M St. APT #30 AVENTURA FL, 33180	23 ⊠ Add
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to dete: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be locument's effective date on the Department of State's records.	605.020 listed a
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear The 90th day after the record is filed.	arlier o
ated June 8, 2016. Signature of a member or authorized representative of a member	_
BREUCH SANDHAUS	

Page 3 of 3

Filing Fee: \$25.00