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(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
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(Duning Entire)
(Business Entity Name)
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COVER LETTER

TO:	Registration So Division of Cor			
	NOMAR	PROPERTIES, LLC.		
SUBJI	ECT:			
		Name of Lir	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please	return all correspo	indence concerning this matter	r to the following:	
		MARIA A MENDOZA		
		<u> </u>	Name of Person	
		NOMAR PROPERTIES.	LLC.	
			Firm/Company	
441 CASTANIA AVE				
Address				
		CORAL GABLES, FL 3,	3146	
		alemendozagdly@gmail.co	City/State and Zip Code	
			to be used for future annual report notif	
				ication)
	her information cu A A MENDOZA	oncerning this matter, please c		
MAKI	A MUMAZA		305 776-4613	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e 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

(<u>Name of the Limited Lia</u> (A Flo	nility Company as it now appears on our records.) ida Limited Liability Company)		
The Articles of Organization for this Limited Liability Plorida document number		gned	
This amendment is submitted to amend the following			
A. If amending name, enter the new name of the l	mited liability company here:		
he new name must be distinguishable and contain the words "I	imited Liability Company," the designation "LLC" or the abbreviation "L.L	C."	
Enter new principal offices address, if applicable:			
<u>Principal office address MUST BE A STREET AD</u>	ORESS)		
		<u> </u>	
	· · · · · · · · · · · · · · · · · · ·		
Inter new mailing address, if applicable:		`	
(Mailing address MAY BE A POST OFFICE BOX)			
	<u>.</u>		
3. If amending the registered agent and/or re registered agent and/or the new registered office a	డు gistered office address on our records, <u>enter the name o</u> <u>ldress here</u> :	of the	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Briter Carried Wiles Same Co.		
	. Florida		

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	MARIA ALEJANDRA MENDOZA	441 CASTANIA AVE, CORAL GABLES, FL 33146	
			□ Remove
			Change
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ote:	ce date, if other than the date of filing:
reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
	MAY 21
	Signature of a member or authorized representative of a member