

L13000055015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

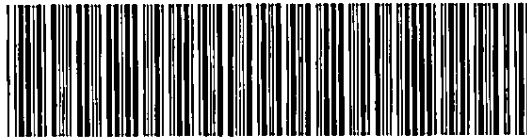
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SECRETARY OF STATE  
DIVISION OF CORPORATION  
18 OCT -1 AM 8:08

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OCT 03 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** NMI ACQUISITIONS, 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:

SUZAN J. MARAIS

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

350 S.E. 2ND STREET, APT 2870

\_\_\_\_\_  
Address

FORT LAUDERDALE, FLORIDA 33301

\_\_\_\_\_  
City/State and Zip Code

FORT LAUDERDALE, FLORIDA 33301

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

For further information concerning this matter, please call:

SUZAN J. MARAIS

954 494-6708  
at ( )

\_\_\_\_\_  
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**

NMI ACQUISITIONS, 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 11/20/2012 and assigned  
Florida document number L13000055015.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

350 SE 2ND STREET

UNIT 2870

FT. LAUDERDALE, FL 33301

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

350 SE 2ND STREET

UNIT 2870

FT. LAUDERDALE, FL 33301

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SECRET  
DIVISION OF REVENUE

**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:**

Name of New Registered Agent: SUZAN J. MARIAS

New Registered Office Address: 350 SE 2ND STREET, #2870  
*Enter Florida street address*

FT. LAUDERDALE, Florida 33301  
*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

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>	<u>Type of Action</u>
AMBR	SUZAN J. MARIAS	350 SE 2ND STREET, #2870	<input checked="" type="checkbox"/> Add
		FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MICHAEL NEUBERG	2884 SE INDIAN STREE	<input type="checkbox"/> Add
		STUART, FL 34997	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

[illegible]

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SECRETARY OF STATE  
DIVISION OF COMMERCE

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated NOVEMBER 2017

Signature \_\_\_\_\_

Signature of a member or authorized representative of a member

MICHAEL NEUBERG

Typed or printed name of signee