Division of Carporations 7 000 122116

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H13000193888 3)))



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To:

Division of Corporations

Pax Number : (850)617-6383

From:

ACCOUNT Name : GASSMAN & ASSOCIATES, P.A.

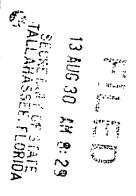
Account Number : 075350000514 Phone : (727)442-1200 : (727)443-5829 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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Corporate Filing Menu

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Audit Tax# H130001938883

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

NG, FSI, L.L.C.				
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Compa	ppears on our records.) any)			
The Articles of Organization for this Limited Liability Company were filed on	08/28/2013 and a	ssigned		
Florida document number L13000122116				
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here:				
Enter new principal offices address, if applicable:	<i>O</i>			
(Principal office address MUST BE A STREET ADDRESS)		ယ်		
	> X:	57		
		မ္က		
Enter new mailing address, if applicable:		Ere T		
(Mailing address MAY BE A POST OFFICE BOX)	Y BE A POST OFFICE BOX)			
***************************************		\(\frac{1}{2}\)		
		(8)		
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name	of the new		
Name of New Registered Agent:		 _		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·			
	Enter Florida street address			
	, Florida			
City	Zip Co	de		
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

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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:

MGRM = Managing Member **Title** <u>Name</u> <u>Address</u> Type of Action 2250 DREW STREET MGR BARBARA BRADLEY CLEARWATER, FL 33765 2250 DREW STREET NABIL GERGES **MGR** CLEARWATER, FL 33765

MGR = Manager

If amending any other informati	on, enter change(s) here: (Attach additional sheets, i	f necessary.)
•		
		
		
AUGUST 30	2013	
B.I		
Sign	ature of a member or authorized representative of a membe	r
ALAN S. GASSI	MAN, Authorized Representative	
<u> </u>	Typed or printed name of signee	

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Filing Fee: \$25.00

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SECACIANT OF STATE
TALLAHASSEE, FLORIDA