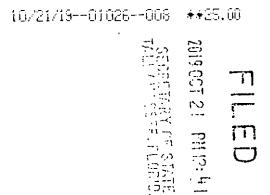
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(Rec	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to F	Filing Officer:	





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# **COVER LETTER**

TO: Registration So Division of Co		•	
SUBJECT:	Mepala Due,	LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Judine		
	Neb	Name of Person  Name of Person  Name of Person  Name of Person	
	III North	``	#800
	Orland	U, FL B2801	
	E-mail address: (	City/State and Zip Code  L Barl Her @ ( to be used for future annual report notif	gmall- COM
For further information of	concerning this matter, please ca	all:	
<u> Judine</u>	Barlather	at (954) 534-1	1462
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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

Nebul	a One, L	LC			
(Name of the Limited (A	Liability Company as Florida Limited Liabil	s it now appears on lity Company)	our records.)	<del></del>	
The Articles of Organization for this Limited Liab Florida document number <u>L13000132</u> 6		e filed on	19/2013	and assigne	d
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	he limited liability	company here:			
N/A					
The new name must be distinguishable and contain the word Enter new principal offices address, if applicable Principal office address MUST BE A STREET.	ole:	Lauder	M. Oakla		<u>Bl</u> vd — —
Enter new mailing address, if applicable:			<del>_</del>		_ <del></del>
Mailing address MAY BE A POST OFFICE BO	<u> </u>			2015	
B. If amending the registered agent and/or registered agent and/or the new registered office	* *	address on ou	ir records, enter	Che of the name of the	he new
Name of New Registered Agent:				1.52	
New Registered Office Address:	6475	W. Oak	land Parl	Blvd	#104
	Lauderhi	Enter Florida s  City	street address Florida	33313 Zip Code	3_

### 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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Janfar Campbell	U475 IN Daktand Park B	VO MAdd
		Lauderhill, FL 88313	Remove
			Change
AMBR	Nabil Salem	6475 W. Oakland Park	
		Lauderhill, Fl 33813	Remove
		<del></del>	Change
			O Add
		<del></del>	□ Remove
			Change
			Remove
			Change
			Add
			Remove
			Change
			□ Remove
			Change

_	Pleas	e up	date al	1 Uf	the ac	1dves	ses t	0		
_	the	New	addres		<i>6</i> 475			_	Park	Blud
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(If an effec Note: If	tive date is listed the date insert	, the date mus ed in this blo	date of filing the specific and ock does not m epartment of Si	cannot be pri eet the appl	licable statuto		e than 90 da		g.) Pursuant to	
	rd specifies 0th day afte		l effective do	ate, but r	ot an effec	ctive tin	ne, at 12	2:01 a.m	. on the e	arlier of:
Dated _	Detobe	15	<u>)</u>	201	9		$\supset$			
			()	Tra	200		De		$\overline{}$	
			Signature of an	iember or aut	thorized repres	entative of	amember	···		-

Page 3 of 3

Filing Fee: \$25.00