Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000124053 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number : I20000000205

Phone

: (305)416-6800

Fax Number

: (305)416-6811

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

Email	Address:	
-------	----------	--

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NORDELK HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

N. Sumpan MAY 2 8 2014

(((H140001240533)))

## **COVER LETTER**

TO:

Registration Section Division of Corporations

HRIECT:

Nordelk Holdings, 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:

Diane M. Hernandez

Name of Person

Adams Gallinar, P.A.

Firm/Company

1000 Brickell Avenue, Suite 300

Address

Miami, Florida 33131

City/State and Zlp Code

dhernandez@agilaw.com

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

For further information concerning this matter, please call:

Diane M. Hernandez

..305,416-6800

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 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 Tailahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FILED PAGE 03/05

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2014 MAY 27 ((H1140001240533))
SEGMETANY OF STATE TALLAMASSEE, FLORIDA

NORDEŁK HOLDINGS, LLC		
(Name of the Limited Liability Con (A Florida Limit	noany as it now ap ted Liability Compar	ocars on our records.)
The Articles of Organization for this Limited Liability Comparitorida document number <u>L13000160558</u>	any were filed on	November 14, 2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iablijty compan	y here:
The new name must be distinguishable and end with the words "Limited I	Liability 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	2	
	<del></del>	
Enter new mailing address, if applicable:		
• ',•		
(Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
B. If amending the registered agent and/or registered	d office address	on our records, enter the name of the no
registered agent and/or the new registered office address)	<u>here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	Florido street address
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	-	
hereby accept the appointment as registered agent and a	agree to act in ti	his capacity. I further agree to comply with t

ns 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 Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and will an enter or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Diego Eduardo Manfio	1000 Brickell Avenue	□ Add
		Suite 300	Remove
		Miami, Florida 33131	
MGR	Silverio Manfio	1000 Brickell Avenue	🖸 Add
		Suite 300	<b>2</b> Remove
		Miami, Florida 33131	
MGR	US Professional Management, LLC	1000 Brickell Avenue	
		Suite 300	_ 🗓 Remove
		Miami, Florida 33131	
	-		[] Add
			□ Remove
			D Add
			C Remove
			D Remove

05/27/2014	15:14	3054156811
------------	-------	------------

ADAMS GALLINAR PA

PAGE 05/05

D.	f amending any other information, enter change(s) here: (Attach additional sheets, if neg(1991)0012405	3 3)))
E.	Optional) The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date discussers is filed by the Florida Department of State)	
	Dated May 27 2014	
	Radaust	
	Signature of a ritember or authorized representative of a member Robert R. Adams, Authorized Representative	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00