

L13000 166757

(Requestor's Name)

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(City/State/Zip/Phone #)

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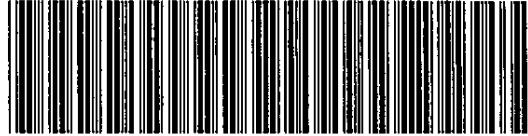
(Business Entity Name)

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JUN 27 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NINE 1, 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:

JED KURZBAN, ESQ,

Name of Person

KURZBAN KURZBAN WEINGER TETZELI & PRATT, PA

Firm/Company

2650 SW 27 AVENUE, SUITE 200

Address

MIAMI, FLORIDA 33133

City/State and Zip Code

jed@kkwtlaw.com

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

For further information concerning this matter, please call:

JULIANNE BISCEGLIA

305 444-0060
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**

NINE 1, 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 DECEMBER 2, 2013 and assigned
Florida document number L13000166757.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida

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>
MGRM	HIROAKI HAYASHI	3-1-2 NISHI-SHINJUKU	<input type="checkbox"/> Add
		SHINJUKU-KU, TOKYO 16000-2	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	REISM, INC	9900 SW 168TH STREET, STE 1	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33157	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	REISM, INC	9900 SW 168TH STREET, STE 1	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33157	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

NINE 1, LLC HAS A TOTAL OF 1,000 MEMBERSHIP UNITS, WITH EACH MEMBERSHIP UNIT REPRESENTING A PERCENTAGE OF OWNERSHIP OF NINE 1, LLC. AS OF JUNE 1, 2015, THESE 1000 MEMBERSHIP UNITS WERE OWNED BY REISM, INC. AND MR. HIROAKI HAYASHI (REISM, INC. OWNED 500 MEMBERSHIP UNITS AND MR. HIROAKI HAYASHI OWNED 500 MEMBERSHIP UNITS).

ON JUNE 16, 2016, MR. HIROAKI HAYASHI TRANSFERRED 100% OF HIS OWNERSHIP INTEREST IN NINE 1, LLC TO REISM, INC. SPECIFICALLY, AS OF JUNE 16, 2016, REISM, INC. OWNS 1000 MEMBERSHIP UNITS OF NINE 1, LLC, WHICH IS 100% OF THE AUTHORIZED MEMBERSHIP UNITS.

MR. HIROAKI HAYASHI HAS BEEN REMOVED AS A MANAGING MEMBER OF NINE 1, LLC, AND REISM, INC. IS THE MANAGING MEMBER OF NINE 1, LLC.

E. Effective date, if other than the date of filing: JUNE 16, 2016 (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 JUNE 16, 2016



Signature of a member or authorized representative of a member

SAYAKA RUIZ, AUTHORIZED REPRESENTATIVE OF MANAGING MEMBER, REISM, INC.

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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