

L14000010886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

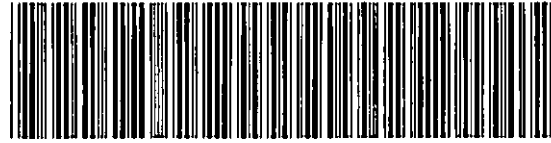
(Document Number)

Certified Copies \_\_\_\_\_

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RECEIVED

2021 DEC 10 AM 10:13

2021 DEC 10 PM 3:21

CLERK OF STATE  
TALLAHASSEE, FL  
TALLAHASSEE, FLORIDA

Y. SULKER

DEC 13 2021

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 12/10/2021

**\*\*WALK IN\*\***

ENTITY NAME NJA Property Holdings, LLC

1-2 filing. Amendment first. Reinstatement second.

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXX \_\_\_\_\_

*Plain Copy*

\_\_\_\_\_

*Certified Copy*

\_\_\_\_\_

*Certificate of Status*

\_\_\_\_\_

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

\_\_\_\_\_

*Certified Copy of Arts & Amendments*

\_\_\_\_\_

*Certificate of Good Standing*

\_\_\_\_\_

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$25 + up to \$1000

ACCOUNT #: I20160000072

*E. R. H.*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

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

NJA Property Holdings, 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 1/21/2014 and assigned  
Florida document number L14000010886.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

NJA Miami Holdings LLC

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:**

334 Jefferson Avenue

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

Miami Beach, FL 33139

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

334 Jefferson Avenue

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

Miami Beach, FL 33139

**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:**

Harley Lippman

**New Registered Office Address:**

334 Jefferson Avenue

*Enter Florida street address*

Miami Beach

Florida

*City*

*Zip Code*

33139

**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.*

X



**If Changing Registered Agent, Signature of New Registered Agent**

FILED  
2014 DEC 10 AM 10:11  
HARLEY LIPPMAN  
STATE OF FLORIDA  
33139

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>
MGR	Lippman, Harley	334 Jefferson Avenue	<input type="checkbox"/> Add
		Miami Beach, FL 33139	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Lippman, Marie	334 Jefferson Avenue	<input type="checkbox"/> Add
		Miami Beach, FL 33139	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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

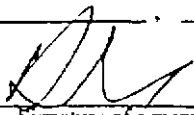
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 December 3, 2021

X



Signature of a member or authorized representative of a member

Harley Lippman, Manager

Typed or printed name of signer