## L14000 103126

| (Re                     | questor's Name)   |           |
|-------------------------|-------------------|-----------|
| `                       | •                 |           |
| (Ad                     | dress)            |           |
| ·                       |                   |           |
| (Ad                     | dress)            |           |
|                         |                   |           |
| (Cit                    | y/State/Zip/Phone | #)        |
| PICK-UP                 | ☐ WAIT            | MAIL      |
|                         |                   |           |
| (Bu                     | siness Entity Nam | e)        |
|                         |                   |           |
| (Do                     | cument Number)    |           |
| Certified Copies        | _ Certificates    | of Status |
| Special Instructions to | Filing Officer:   |           |
|                         |                   |           |
|                         |                   |           |
|                         |                   |           |
| 4                       |                   |           |
|                         |                   |           |
|                         |                   |           |

Office Use Only



100290355311

09/22/16--01025--011 \*\*30.00

SEURETARY OF STATE

SEP 2 6 2016 S. YOUNG

## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |  | •   |  |
|--|--|---|--|
| SUPER NII                              | NJAS LLC                                   |   |  |
| SUBJECT:                               | Name of Lim                                | ited Liability Company  |  |
|  | Amendment and fee(s) are sub               | -   |  |
|  | Andrew Hall                                |   |  |
|  |  | Name of Person  |  |
|  |  | Firm/Company  |  |
|  | 11303 Villas On The Gree                   | n Dr  | ST SE  |
|  |  | Address   | SE SE  |
|  | Riverview, Fl 33579                        |   | # SEP 22   |
|  |  | City/State and Zip Code   | ation)   |
|  | love.dolo@yahoo.com  E-mail address: (     | to be used for future annual report notific                         | ation) 99  |
| For further information of             | oncerning this matter, please c            | ail;  | 35   |
| Andrew Hall                            |  | 813 285-9020  |  |
| Name o                                 | f Person                                   | at ()<br>Area Code Daytime '  | Telephone Number   |
| Enclosed is a check for the            | ne 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) |
|  | ING ADDRESS:                               | STREET/COURIE   |  |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

| SUPER NINJAS LLC   |   |
|--|---|
| (Name of the Limited Liabili<br>(A Florid  | ity Company as it now appears on our records.) a Limited Liability Company)   |
| The Articles of Organization for this Limited Liability C  | Company were filed on 06/27/2014 and assigned   |
| This amendment is submitted to amend the following:  | ment number L14000103126  ment is submitted to amend the following:  ling name, enter the new name of the limited liability company here:  LC  must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  principal offices address, if applicable:  ffice address MUST BE A STREET ADDRESS)  mailing address, if applicable:  dress MAY BE A POST OFFICE BOX)  anding the registered agent and/or registered office address on our records, enter the name of the new gent and/or the new registered office address here:  me of New Registered Agent: |
| A. If amending name, enter the new name of the lim   | ited liability company here:  |
| NAKAMA LLC   |   |
| The new name must be distinguishable and contain the words "Lim                                  | nited 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 ADDI  | RESS) C C C C C C C C C C C C C C C C C C   |
|  |   |
| Enter new mailing address, if applicable:  | 9 0 0   |
| (Mailing address MAY BE A POST OFFICE BOX)   | ယ္က ္တြင့္  |
| B. If amending the registered agent and/or registered agent and/or the new registered office add |   |
| Name of New Registered Agent:  |   |
| New Registered Office Address:   | Enter Florida street address  |
|  | , Florida   |
|  | City Zip Code   |
| New Registered Agent's Signature, if changing Registere  | ed 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 **Type of Action Title** <u>Name</u> **Address** □ Add \_□ Remove \_□ Change □ Add ☐ Remove \_□ A∳**∂** \_□ Remove \_□ Change \_□ Add \_□ Remove ☐ Change \_ Add \_□ Remove \_□ Change \_□ Add ☐ Remove

☐ Change

|  |  | 1                   |                   |   |                                |
|--|--|---------------------|-------------------|---|--------------------------------|
|  |  |                     |                   |   |                                |
|  |  | ·                   |                   |   | <del></del>                    |
|  |  |                     |                   |   |                                |
|  |  |                     |                   |   |                                |
|  |  |                     |                   |   |                                |
|  |  |                     |                   | <u></u>   |                                |
|  |  |                     |                   |   |                                |
|  |  |                     |                   |   |                                |
| •  |  |                     |                   |   | 5 SEP                          |
|  | •                                      |                     |                   |   |                                |
|  |  |                     |                   |   | 22                             |
|  |  |                     |                   |   | 99                             |
|  |  |                     |                   |   | بي<br><u>ب</u> ي               |
|  |  |                     |                   |   | S)                             |
| ective date, if other than the date of filing effective date is listed, the date must be specific and the listed inserted in this block does not mument's effective date on the Department of St | cannot be prior to<br>eet the applicab | date of filing or i | nore than 90 days | <b>ptional)</b><br>after filing.) Pursu<br>this date will n | iant to 605.02<br>ot be listed |
| record specifies a delayed effective da<br>he 90th day after the record is filed.  | ate, but not a                         | an effective        | time, at 12:0     | 1 a.m. on th  | ne earlier                     |
| ed September 19th  | , 2016                                 |                     |                   |   |                                |
|  | //                                     |                     | 11 /1 /           |   |                                |

Page 3 of 3

Filing Fee: \$25.00