(Re	equestor's Name)	
(Ad	Idress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phone	e #)
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K. SALY EXAMINER AUû 2 9 2014

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	Napo	leon LLC		
SUDJE	<u> </u>		ited Liability Company	
The end	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Naresh Bacl	han	
			Name of Person	
			Firm/Company	
		4500 Inverra	• •	
		7000 IIIVCITO	Address	
		Lauderhill, F	L 33319	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please co	all:	
Na	resh Bac	han	at (954) 667-31 Area Code Daytime	934
***************************************	Name of	Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
S 2:	5:00 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

•	I.	U	
ARTI	CLES OF C	RGANIZATION	W. Fire
	O	F	2014 Alla
			1 AUG 25 PM.
	Napoleo	on LLC	2014 AUG 25 PM 1:40
(Name of the Limite	ed Liability Compa (A Florida Limited)	inv as it now appears on our records Liability Company)	WILLIAM SSEE FOR STATE ORIO
The Articles of Organization for this Limited Li	ability Company	were filed on 7/16/2014	and assigned
Florida document number L14000112195	· ·	***************************************	<u>-</u>
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
			marin agraphic in the form of the first was the first with the first of the first was a second or the first was a second o
The new name must be distinguishable and end with the	words "Limited Liab	oility Company," the designation "LLC	"O" or the abbreviation "L.L.C."
Enter new principal offices address, if application	able:	4500 Inverrary Blvd	
(Principal office address MUST BE A STREE	T ADDRESS)	Lauderhill, FL 33319	
Enter new mailing address, if applicable:		4500 Inverrary Blvd	
(Mailing address MAY BE A POST OFFICE)	BOX)	Lauderhill, FL 33319	
B. If amending the registered agent and/ registered agent and/or the new registered of			, enter the name of the new
Name of New Registered Agent:	Naresh Ba	chan	
New Registered Office Address:	4500 Inven	······	
		Entan Elavida atmat ceddusar	

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.

City

Lauderhill

If Changing Registered Agent, Signature of New Registered Agent

_, Florida <u>33</u>319

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr	Naresh Bachan	4500 Inverrary Blvd	a Add
		Lauderhill, FL 33319	□ Remove
			Remove
			25 Remove
			Remove T
			Add
			Remove
			Add
			Remove
			Add
			Remove

f amending any other information, enter	change(s) here: (Attach additional sheets, if necessary,
men	
The effective date must be specific, cannot be prior to the date this document is filed by the Florida Department.	ng:(optional) date of receipt or filed date and cannot be more than 90 days after ment of State)
Dated August 22	2014
Dated	- **
Signature of	a member or authorized representative of a member
	Naresh Bachan
· · · · · · · · · · · · · · · · · · ·	Typed or printed name of signee

Page 3 of 3

2814 AUG 25 PH 1: 40

Filing Fee: \$25.00