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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: Lea	der Nirva	na LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of Am	nendment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Lueve	Name of Person	-1
	,	Name of Person	
		Firm/Company	
		Address	
		City/State and Zin Code	
	1 uevenia	City/State and Zip Code 1 S + C + I + Ing @ g m to be used for future annual report noti	al, com
-	E-mail address: (to be used for future annual report noti	fication)
For further information cone	erning this matter, please ca	all:	
Luevenia	Sterling	at (305) Area Code Daytim	9093
Name of Pe	rson	Area Code Daytim	e Telephone Number
Enclosed is a check for the f	ollowing 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

FILED

2018 OCT -4 PM 4:51

Leader Nirvana LLC

SEURLTARY OF STATE TALLAHASSEE, FL

(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 10/27/2014 and assigned Florida document number <u>L14 000167063</u> 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 "LLC." 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

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>	Address	Type of Action	
			D Add	
			☐ Remove	
			Change	
			□ Add	
		Remove		
			Change	
			Add	
			□ Remove	
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(If an effe <u>Note:</u>	we date, if other than the date of filing: October 1, 2018 (optional) ective 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 lf the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated_	October 2 . 2018
	$\sim M \lambda$
	Signature of a member of authorized representative of a member

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Filing Fee: \$25.00