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(Cit	ry/State/Zip/Phone	e #)
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SUBJECT: 9006 HOL		nited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	PAUL LABINER	Name of Person	
	Law Office Of Paul Labin	er	
		Firm/Company	
	5499 N Federal Hwy Ste I	Address	
	BOCA RATON	City/State and Zip Code	
	paul@plabineresq.com E-mail address: (	to be used for future annual report n	otification)
For further information e	oncerning this matter, please c	all:	
Paul Steven Labiner Name o	f Person	at ( 561 ) 998-2362 Area Code Dayt	ime Telephone Number
Enclosed is a check for th	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
Mailing Address Registration S Division of C P.O. Box 632	Section orporations 7	Street Address: Registration S Division of C The Centre of	orporations
Tallahassee, f	AL 32314	2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

TO:

Registration Section Division of Corporations

## TO ARTICLES OF ORGANIZATION OF

9006 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 10/29/2014 and assigned Florida document number 1.14000168559 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 BON) B. If amending the registered agent and/or registered office address on our records, enter the name of the new regi agent and/or the new registered office address here: Name of New Registered Agent:

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply wi 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 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.

Enter Florida street address

## or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Act
AMBR	DAVID LACHMAN	3363 ISLEWOOD AVENUE	
		WESTON, FLORIDA 33332	■Remove
			□Change
AMBR	<u>FATIMA BASTOS</u>	3363 ISLEWOOD AVENUE	□Add
		WESTON, FLORIDA 33332	Remove
			□Change
MGR	NAMACHAL HOLDINGS, LLC	3363 ISLEWOOD AVENUE	≣Add
		WESTON, FLORIDA 33332	Remove
			□Change
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fective date, if other than the date of filing: AUGUST 10 in effective date is listed, the date must be specific and cannot be prior to te: If the date inserted in this block does not meet the applical cument's effective date on the Department of State's records.	o date of filing or more than 90 days after filing.) Pursuant to 60
ecord specifies a delayed effective date, but not an effective tin is filed.	ne, at 12:01 a.m. on the earlier of: (b) The 90th day aft
nted AUGUST 23. , 2020	- /ham /
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