

8/31/2015

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000210044 3)))



H150002100443ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NONOSKY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

15 AUG 31 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

15 AUG 31 PM 1:36

SEP 01 2015

S. YOUNG

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

Nonosky 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 October 31, 2014 and assigned
Florida document number L14000169589

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 "L.L.C."

Enter new principal offices address, if applicable:

3250 N.E. 1st Ave., Suite 307

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33137-4191

Enter new mailing address, if applicable:

3250 N.E. 1st Ave., Suite 307

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33137-4191

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:

Corporate Maintenance Services LLC

New Registered Office Address:

1000 Brickell Ave., Suite 400

Enter Florida street address

Miami

City

Florida 33131

Zip Code

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Eduardo Kampel	3250 N.E. 1st Ave., Suite 307	<input type="checkbox"/> Add
		Miami, FL 33137-4191	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Medi Finance Ltd.	3250 N.E. 1st Ave., Suite 307	<input checked="" type="checkbox"/> Add
		Miami, FL 33137-4191	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
15 AUG 11 PM 1:36
U.S. DEPT. OF JUSTICE
COMMERCIAL LITIGATION DIVISION

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

11

FILED
AUG 31 PM 1:36
15
CLERK OF DISTRICT COURT
JUL 19 1964

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 August 19 2015

[Signature]
Signature of member or agent

Signature of a member or authorized representative of a member

Eduardo Kappel, Manager

Typed or printed name of signer