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		K - N	ANISE LLC	
SUBJECT: _	· ·	Name of Lim	ited Liability Company	
		Amendment and fec(s) are sub	_	
Please return al	ll correspo	ndence concerning this matter	to the following:	
		KAN	NTCHEFF, NICOLAS E	
			Name of Person	
		к	- NANISE LLC	
			Firm/Company	
		21085 NE	34 AVENUE UNIT 301	
			Address	
		AVE	NTURA FLORIDA 33180	
			City/State and Zip Code	
			JACOFSKY@GMAIL.COM to be used for future annual report notific	cation)
For further info	ormation c	oncerning this matter, please c	·	,
MARTA E			305 300-1743	
	Name o	f Person		Telephone Number
Enclosed is a c	heck for th	ne following amount:		
■ \$25.00 Fili	ng Fec	□ \$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)
	MAIL	ING ADDRESS:	STREET/COURIE	R ADDRESS:

TO:

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 TO ARTICLES OF ORGANIZATION OF

	NISE LLC lity Company as it now appears on our records.)	
(A Floric	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L14000170723	Company were filed on11/03/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the words "L	imited Liability Company," the designation "LLC" or	proce plant ————————————————————————————————————
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	2 2 3 3 3 3 3 3 3 3 3 3
		Sign of the sign o
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		7 7 7 7 7
3. If amending the registered agent and/or regi		iter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	City	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 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
Manage	BRAILLARD MIRTA A	21085 NE 34 AVENUE SUITE 301	□ Add
		AVENTURA FLORIDA 33180	Remove
MGR	BRAILLARD SUSANA BEA	21085 NE 34 AVENUE UNIT 301	■ Add
		AVENTURA FLORIDA 33180	□ Remove
		Ş.	Add SCORE D 28 AM AN AN AN AN AN AN AN AN AN
			Remove
	<u> </u>		Add Remove
	- California		Add Remove

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

the date this document is filed by the Florida Department of State)	(optional) e and cannot be more than 90 days after
the date this document is filed by the Florida Department of State)	(optional) e and cannot be more than 90 days after
Dated January 19 , 2015	
Dated January 19 , 2015	epresentative of a member

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SEGRETARY OF STATE