14000179550

(Re	questor's Name)	
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T. BROWN

COVER LETTER

Division of Cor	porations		·					
NATIONAL SUBJECT:	L ASSETS HOLDINGS AND	RECOVERY (NAHR), LLC						
	Name of Lin	ited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.						
Please return all correspo	ndence concerning this matter	to the following:						
	CRISTIAN SANCHEZ							
		Name of Person						
		Firm/Company						
	PO BOX 1911							
		Address						
	AVENTURA, FL 33280							
		City/State and Zip Code						
	FLHOMESTEADEXMPT							
	E-mail address: (to be used for future annual report notifi	cation)					
For further information c	oncerning this matter, please c	all:						
CRISTIAN SANCHEZ		754 4230433						
Name o	f Person	Area Code Daytime	Telephone Number					
Enclosed is a check for the	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:

TO:

Registration Section

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**

NATIONAL ASSETS HOLDINGS AND RECOVERY (NAHR), LLC

ACTORINA PHONE 20 (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 Liabi Florida document number L14000179550	lity Company	were filed on 11/19/2014	and assigned			
This amendment is submitted to amend the followi	ng:					
A. If amending name, enter the new name of th	e limited liab	ility company here:				
. The new name must be distinguishable and contain the word	s "Limited Liabil	lity Company," the designation	"LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicabl	e:	19080 NE 3 CT #308				
(Principal office address MUST BE A STREET A		MIAMI, FL 33179				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	PO BOX 1911 AVENTURA, FL 33280)			
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		<u>e</u> :	ecords, enter the name of the nev			
New Registered Office Address:						
New Registered Office Address.		Enter Florida street	address			
J	MIAMI		, Florida ³³¹⁷⁹			
-		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 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
MGR	CRISTIAN SANCHEZ	19080 NE 3 CT #308	≡ Add
		MIAMI, FL 33179	☐ Remove
			Change
MGR	NATIONAL MORTGAGE ASSO	1521 CONCRD PIKE #303	Add
		WILMINGTON, DE 19803	■ Remove
			Change
MGR	ASHLEY AKERMAN	50 N LAURA ST	
		JACKSONVILLE, FL 32202	Remove
			Change
AMBR	NATIONAL MORTGAGE ASSOCIATES, LLC	1521 CONCORD PIKE	' Add
	ASSOCIATION, LCC	#303	□ Remove
		WILMINGTON DE 1980	3 □ Change
			Add
			Remove
			Change
		,	Add
			Remove
			Change

Iffective date, if other than the date of filing: O5/01/2015	If amending		, , , , , , , , , , , , , , , , , , ,			s) here.	(Attach t	uaamon	ai sneets	, y neces.	sary.)	
Parective date, if other than the date of filing: (a) 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 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a locument's effective date on the Department of State's records. The erecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. MAY 25TH 2015 Signature of a member or authorized representative of a member	•									· -		_
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Filing Fee: \$25.00