

L14000179550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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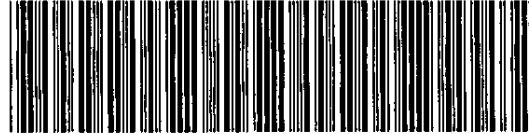
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN - 2 2015

T. BROWN

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** NATIONAL ASSETS HOLDINGS AND RECOVERY (NAHR), LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence 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

FLHOMESTEADEXMPTION@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CRISTIAN SANCHEZ

754 4230433

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**  
15 JUN - 1 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NATIONAL ASSETS HOLDINGS AND RECOVERY (NAHR), 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 11/19/2014 and assigned  
Florida document number L14000179550.

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:

19080 NE 3 CT #308

**(Principal office address MUST BE A STREET ADDRESS)**

MIAMI, FL 33179

Enter new mailing address, if applicable:

PO BOX 1911

**(Mailing address MAY BE A POST OFFICE BOX)**

AVENTURA, FL 33280

**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: CRISTIAN SANCHEZ

New Registered Office Address: 19080 NE 3 CT #308

*Enter Florida street address*

MIAMI

*City*

Florida 33179

*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	CRISTIAN SANCHEZ	19080 NE 3 CT #308	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33179	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NATIONAL MORTGAGE ASSO	1521 CONCRD PIKE #303	<input type="checkbox"/> Add
		WILMINGTON, DE 19803	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ASHLEY AKERMAN	50 N LAURA ST	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NATIONAL MORTGAGE ASSOCIATES, LLC	1521 CONCORD PIKE	<input checked="" type="checkbox"/> Add
		#303	<input type="checkbox"/> Remove
		WILMINGTON, DE 19803	<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

[illegible]

**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.

Dated MAY 25TH 2015

Typed or printed name of signee