

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H15000195034 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : ARES & COMPANY, C.P.A., P.A.

Account Number : 120000000268 Phone : (305)229-8256

Fax Number : (305)229-8252

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

Email Address: Vicardo @ nobux. net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NOBUX, LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(H15000195034 3) OF NOBUX, LLC

(Name of the Limit	led Liability Company as (A Florida Limited Liabili	it naw appe y Company	ors on our records.)		S
The Articles of Organization for this Limited L Florida document numberL15000008631	iability Company were	filed on _	JANUARY 15, 2015	and assigned	
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liability	company	here:		
N/A					_
The new name must be distinguishable and contain the v	vords "Limited Liability Co	ompany," the	: designation "LLC" or the abb	reviution "L.L.C."	
Enter new principal offices address, if applic	nable: N/	A			_
(Principal office address MUST BE A STRE)	ET ADDRESS)		····	···	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		'A			-
B. If amending the registered agent and registered agent and/or the new registered of		address	on our records, <u>enter</u>	the name of the p	ney
Name of New Registered Agent:	N/A				_
New Registered Office Address:	N/A	Fixes	Florida street address		-
		umerr	toriou siren amerga		
		City	, Florida	Zip Code	-
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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

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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

Title	<u>Name</u>	Address	Type of Action
MGR	RAFAEL CONDE	15519 SW 147H ST	i⊠ Add ✓
		MIAMI, FL. 33194	☐ Remove
			П Спапде
MGR	ANTONIO PEREZ	10777 NW 84TH LN # 5	MAdd /
		DORAL, FL. 33178	□ Remove
			☐ Change
MGR	RICARDO S. CONDE	3100 NW 72ND AVE. #108	
, , ==		MIAMI, FL. 33122	_☐ Remove
			Change
MGR	ALI A. BOHORQUEZ	15980 SW 72ND TER	□ Add
		MIAMI, FL. 33193	■ Remove
			☐ Change
			Add 2015 PUBLISHED AM 8: 56 PUBL
			Change

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N/A		
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ctive date. if	other than the date of filing:	(optional)
effective date is	listed, the date must be specific and cannot be prior to due of filing or more than userted in this block does not meet the applicable statutory filing requir	90 days after filing.) Pursuant to 605.07
ment's effective	ve date on the Department of State's records.	tomonal, this outer than her se have
	fies a delayed effective date, but not an effective time, a after the record is filed.	at 12:01 a.m. on the earlier
ed	AUGUST-12 2015	
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	Signature of a member or authorized representative of a me	ember
	California or a secultar of management of the management of the secultaria of the se	 -

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