

L15000012023

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : ASLAN TAX SERVICES INC
Account Number : I20140000082
Phone : (305)644-9144
Fax Number : (786)477-5802

****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
NIRO PROPERTIES LLC

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TALLAHASSEE, FLORIDA

Fax transmission

From: Irma Serna

Date/Time: 03-13-2015 3:20 PM

To: 18506176383

Subject: Name Change (Mariana Niro LLC)

Attention: 18506176383

Pages: 7

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Irma Serna
Fax Consultant
Aslan Tax Services Inc.
762 SW 18th Avenue Miami, FL 33135
305-644-9144
Fax 786-477-5802
irma@aslantaxservice.com

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The Internal Revenue Service has issued warnings about a nationwide phone scam. Callers claim to be IRS employees and alter the Caller ID to make it seem it is the IRS. IRS does not make unsolicited calls. It contacts taxpayers first by mail. Never give any information or confirm any information to anyone over the telephone. If you get one of these calls, notify the Treasury inspectors at 1-800-366-4484.

End of Cover page

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Fax Services

→ 18506176383

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARIANA NIRO 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:

IRMA SERNA

Name of Person

ASLAN TAX SERVICES INC

Firm/Company

762 SW 18TH AVE

Address

MIAMI , FL 33135

City/State and Zip Code

MARIANA.NIRO@ELLMAN.COM

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

For further information concerning this matter, please call:

IRMA SERNA

Name of Person

at (305)

Area Code

644-9144

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
2015 MAR 13 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NIRO PROPERTIES 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 01/20/2015 and assigned Florida document number L15000012023

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MARIANA NIRO LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

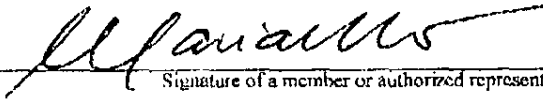
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ *(optional)*

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 13, 2015

X



Signature of a member or authorized representative of a member

MARIANA NIRO

Typed or printed name of signer

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TALLAHASSEE, FLORIDA