Office Use Only



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ECRETARY OF STATE

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## **COVER LETTER**

	gistration Sec vision of Corp					
SUBJECT:	NABILA 11	03, LLC				
SOBJECT		Name of Limi	ited Liability Company			
		mendment and fee(s) are sub	_			
riease retui	ii aii coirespon	dence concerning this matter	to the following.			
		ROSEMARIE BACALLA	O, ESQ.			
			Name of Person			
		FROMBERG, PERLOW &	k KORNIK,P.A.			
			Firm/Company			
20295 NE 29 PLACE #200						
		· · · · · · · · · · · · · · · · · · ·	Address	<del></del>		
		AVENTURA, FL 33180				
			City/State and Zip Code	<del></del>		
		RBACALLAO@ATT.NET	o be used for future annual report notifi	ication)		
For further	nformation co	ncerning this matter, please ca	·	,		
ROSEMARIE BACALLAO			305 933-2000 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is	a check for the	e 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 ARTICLES OF ORGANIZATION **OF**

NABILA 1103, 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  $\frac{02/14/2015}{1}$ and assigned Florida document number L15000028835 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NABLIA 1103, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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				
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	f other than the s listed, the date must inserted in this blo tive date on the De	t be specific and ock does not m	cannot be pri	or to date of fi	iling or more ory filing r	than 90 days	optional) after filing.) a, this date w	Pursu vill na	ant to 60 ot be lis	05.0207 sted as
the record spec ) The 90th day			ate, but r	not an effe	ctive tim	e, at 12:	01 a.m. o	n th	ne earl	lier of
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Dated	4/20	,	$-\underline{z}$	<u>X</u> .						
Dated	4/20	La va	-7.(\)	thorized repre						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00