

L1500045204

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

2015 APR 10 PM 1:29

Amend/c
⑩ 4/23/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NUR INDUSTRIES 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:

Nimet A Adam
Name of Person

Nur Industries LLC
Firm/Company

7627 NW 127th Manor
Address

Parkland, FL 33076
City/State and Zip Code

A.Cable@myhearingpartners.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrea Cable
Name of Person

at (561) 638-6530
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input checked="" type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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

NUR INDUSTRIES 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 March 12, 2015 and assigned Florida document number L15000045204.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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DIVISION OF
SECRETARY OF STATE
FLORIDA
CORPORATIONS

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7627 NW 127th Manor
Parkland, FL 33076

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:

Nimet Adam

New Registered Office Address:

7627 NW 127th Manor

Enter Florida street address

Parkland

City

, Florida

33076

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.

X Nimet A. Adam

If Changing Registered Agent, Signature of New Registered Agent

Nimet Adam

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>
MGR	Nimet Adam	7627 NW 127th Manor Parkland, FL 33076	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Aleef Adam	7627 NW 127th Manor Parkland, FL 33076	<input checked="" 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
			<input type="checkbox"/> Add
			<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 _____ , _____

Nimet Adam Aleef Adam
Signature of a member or authorized representative of a member
Nimet Adam Aleef Adam
Typed or printed name of signee

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Filing Fee: \$25.00