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COVER LETTER

TO: Registration Secti Division of Corpo				
SUBJECT:	UR INDUS Name of Lim	TRIES LLC ited Liability Company		
The enclosed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
	Vime	Adam Name of Person		
	Nur In	Justifies LLC		
	6110 West,	Atlantic Ave	Ste. A	
	Delray B	City/State and Zip Code	484	· · ·
		hearing Dart nel	SECRETA AUG	֓֞֞֓֓֓֓֓֟֟֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓
For further information con Andrea Name of P	cerning this matter, please ca	at (56L) 638	ASSIGNATE OF US	
Enclosed is a check for the				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing For Certificate of S Certified Copy (additional copy is	tatus &

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 INDUST	RIES LLC	
(Name of the Limited Liability Compa (A Florida Limited I	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on Harch 12,2015 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity 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 of	6110 West Atlantic Avenue Vnit A Delray Beach \$71233484 ffice address on our records, enter the name of the new	
registered agent and/or the new registered office address here	777	
Name of New Registered Agent: New Registered Office Address:	NA SESTINA SE	
	Enter Florida street address	
	City 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

MGR = N AMBR = A	Aanager Authorized Member	NH	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
			Add
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			SECRE J AU
			CCRETARY OF SI
			STATE S Remove
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			□ Remove
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WA	
	281 TALL
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more Note: If the date inserted in this block does not meet the applicable statutory filing re document's effective date on the Department of State's records.	(optional) 2 than 90 days affer fining.) This squirements, this state will not be pited as the
f the record specifies a delayed effective date, but not an effective time b) The 90th day after the record is filed.	e, at 12:01 a.m. The earlier of:
Dated August 19 , 2015. Mat A. Adur	- mannhar
Signature of a member or authorized representative of a What was a second of a signer of signer	i membet

Page 3 of 3

Filing Fee: \$25.00