L150000045699

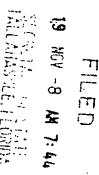
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700336775207

11/08/19--01006--001 **25.00



DEC 0 9 2019 S. YOUNG

COVER LETTER

٠,

то:					
CHELL					
TO: Registration Section Division of Corporations NMH. TRANSPORT 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: NIMROD HEMO Name of Person N.A.H. TRANSPORT LLC Firm/Company 3389 SHERIDAN STREET Address HOLLYWOOD FL. 33021 City/State and Zip Code ASITRISH@BELLSOUTH.NET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: NIMROD HEMO Name of Person Area Code Daytine Telephone Number Enclosed is a check for the following amount:					
			-		
	·	_	ū		
			Name of Person		
N.M.H. TRANSPORT LLC					
		-	Firm/Company		
3389 SHERIDAN STREET					
		E-mail address: (to be used for future annual report notif	ication)	
For furt	her information co	oncerning this matter, please ca	all:		
NIMR	OD HEMO		917 657 5646 at ()		
	Name o	f Person	Area Code Daytime	: Telephone Number	
Enclose	ed is a check for th	ne following amount:			
■ \$2.3	:.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, Ft. 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

N.M.H. TRANSPORT LLC			AND THE
(Name of the Limite	d Liability Company as it	now appears on our records.) Company)	- Šii a a m
The Articles of Organization for this Limited Li. Florida document number L15000045699			Gandlassiphed
This amendment is submitted to amend the following	wing:		
A. If amending name, enter the new name of	the limited liability co	mpany here:	
The new name must be distinguishable and comain the we	ords "Limited Liability Com	pany," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE I	<u> </u>		
B. If amending the registered agent and/or the new registered off	or registered office action of the second of	ddress on our records, enter	r the name of the new
Name of New Registered Agent:	NIMROD HEMO		
New Registered Office Address:	3389 SHERIDAN STR		
		Enter Florida street address	
	HOLLYWOOD	Florida ³	3021
	Cii	<u> </u>	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

Page 1 of 3

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>	<u>Address</u>	Type of Action
MGRM	JACK BARSHISHAT		
		4712 SHERIDAN STREET HOLLYWOOD FL. 33021	■ Remove
			Change
MGRM	NIMROD HEMO	3389 SHERIDAN STREET HOLLYWOOD FL. 33021	= Add
			Change
			Add
			□ Remove
			Change
•			
			🗆 Remove
			Change
		-	
			Remove
			Change
		···	Remove
			Change

		 :			
				 	
					
				·	
					
					_ _ _
					
	<u> </u>				
	-				
		_			
Effective date, if other than the date fan effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot be c does not meet the ap	prior to date of tili pplicable statuto	ng or more than 90 da	ys after filing.) Pursuant	to 605.0207 se listed as
ne record specifies a delayed e The 90th day after the record	ffective date, but d is filed.	t not an effec	tive time, at 12	:01 a.m. on the	earlier of
October 28	2019	_			
	· -)		
	unature of a member or	/			

Page 3 of 3

Filing Fee: \$25.00