Division of Corporations Electronic Filing Cover Sheet

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T. CLINE NOV - 8 JULY EXAMINER

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NINIA CONTRACTORS, LLC			
(Name of the Limited (A	Liability Company as it now appears of Florida Limited Liability Company)	n our records.)	<del></del>
The Articles of Organization for this Limited Liab Florida document number L15000060559	ility Company were filed on	/2015	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company here	;	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the desi	guation "LLC" or the abi	previation "L.L.C."
Enter new principal offices address, if applicab	le:		<del></del> _
Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u></u>	CALLAND HAD	2018 MOV -
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on o e address here:	our records, enter LORID	the mew
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	street address	
		, Florida	
	Ctry		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 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

Title	Name	<u>Address</u>	Type of Action
MGR	REMY MICHAEL	1000 PONCE DE LEON BLVD	
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		CORAL GABLES, FL 33134	
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