

10/5/2015

2015-10-06 15:22:17 (GMT)

From: Mercy Perez

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BALWANT CHEEMA PA
Account Number : I20140000096
Phone : (305)698-1321
Fax Number : (305)675-8496

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NAFARROA, LLC

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TALLAHASSEE, FLORIDA

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2015-10-06 15:27:17 (GMT)

From: Mercy Perez

H15000238966 3
**ARTICLES OF AMENDMENT
 TO
 ARTICLES OF ORGANIZATION
 OF**

NAFARROA,LLC

(Name of the Limited Liability Company as it now appears on our records.)
 (A Florida Limited Liability Company)

FILED
 2015 OCT -6 AM 10:08
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on APRIL 27, 2015 and assigned
 Florida document number L15000073414.

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 contain the words "Limited Liability 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)

4160 WEST 16TH AVENUE

SUITE 405

HIALEAH, FL 33012

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4160 WEST 16TH AVENUE

SUITE 405

HIALEAH, FL 33012

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:

BALWANTCHEEMA, P.A.

New Registered Office Address:

4160 WEST 16TH AVENUE, SUITE 405

Enter Florida street address

HIALEAH

City

Florida 33012

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

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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>	<u>Type of Action</u>
AR	ANTONIOJCOA,CPA	3812MIRAMONTESCIRCLE	<input type="checkbox"/> Add
		WELLINGTON,FL33414	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	DIEGOM.BENBASSAT	4160WEST16THAVENUE	<input checked="" type="checkbox"/> Add
		SUITE405	<input type="checkbox"/> Remove
		HIALEAH,FL33012	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Notes: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated, OCTOBER 5

2015

Signature of a member, or authorized representative of a member.

MARIA E. ETKIN

Typed or printed name of signer

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