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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phon	e #)
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(Bu	usiness Entity Na	me)
(Do	ocument Number)
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SERVICE OF STATE
FEB 12 2016

S. YOUNG

COVER LETTER

	Registration Se Division of Cor			
SUBJEC	NU AMER	ICA LLC		
CODUEC		Name of Limi	ited Liability Company	-
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		PIERRE HACHAR JR. ES	Q.	
			Name of Person	
		THE HACHAR LAW FIR	M P.A.	
Firm/Company				·
		8100 OAK LANE SUITE	401	
			Address	
		MIAMI FL 33016		6 n d
			City/State and Zip Code	fication)
		PHACHAR@MIALAWS.C		
For furth	er information c	E-mail address: (to be used for future annual report noticall:	55 4 2
ANA M	ORALES		305 200-1308 at ()	11E 09
-	Name o	f Person		e Telephone Number
Enclosed	l is a check for t	he following amount:		
\$25.	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:

TO:

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

NU AMERICA LLC				
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited	ny as it now appears on our recor Liability Company)	<u>ds.</u>)	
The Articles of Organization for this Limited Liab	oility Company	were filed on 06-18-2015	and assigned	
his amendment is submitted to amend the follow	ving:			
. If amending name, enter the new name of the limited liability company here:				
he new name must be distinguishable and contain the word	ds "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."	
nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		16276 BRIDLEWOOD CIRC	CLE	
		DELRAY BEACH FL 33445	言言	
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)		16276 BRIDLEWOOD CIRC DELRAY BEACH FL 33445		
3. If amending the registered agent and/or egistered agent and/or the new registered office			ds, enter the name of the	
Name of New Registered Agent:	тне насна	R LAW FIRM P.A.		
New Registered Office Address:	8100 OAK LA	NE SUITE 401		
		Enter Florida street addre		
	MIAMI		Norida 33016	
		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

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>	Name		Address	Type of Action
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				□ Remove
				Change
				□ Add
		•		□ Remove
				Change
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n effective date is list ote: If the date inse		c and cannot be prior to date not meet the applicable sta	of filing or more than 90 days a stutory filing requirements,	fter filing.) Pursuant to 605.020

Page 3 of 3

Filing Fee: \$25.00