## 115000/46695

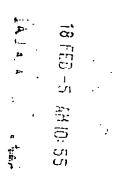
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## COVER LETTER

TO:	Registrat Division (	ion Sect of Corpo	ion crations		
		A , LLC			
SUBJE	СТ:		Name of Limite	d Liability Company	
The enc	dosed Artic	des of A	mendment and fee(s) are subm	itted for filing.	
			dence concerning this matter to		
			EHUD SIMHI		
				Name of Person	
				Firm/Company	
			2575 NE 214TH STREET		
			MIAMI, FL 33180	Address	
			SHAMI, I E STAN	City/State and Zip Code	
			NISSANREALESTATE@G	·	
				be used for future annual report no	tification)
For fur	ther inforn	nation co	oncerning this matter, please ca	11:	
EHUD	SIMHI			561 3034807	
Name of Person			Person	at () Area Code Dayti	me Telephone Number
Enclos	sed is a che	ek for th	e following amount:		
	25.00 Filing		☐ \$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)
	\	Registr Divisio P.O. Be	ing address: ation Section on of Corporations ox 6327 ussee, FL 32314	STREET/COUI Registration Sec Division of Corp Clifton Building 2661 Executive	porations

Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NONAF, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	v as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company we clorida document number <u>L15000146695</u> .	vere filed on <u>08/26/2015</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability"	ty Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		2. Co.
		भ · जे
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u>5</u>
		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, g:	enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
	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>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	KOPILEVSKI, YAEL	2575 NE 214TH STREET	Add
		MIAMI, FL 33180	□ Remove
			☐ Change
MGRM	NISSAN, SHAHAR	2575 NE 214TH STREET	<b>=</b> Add
		MIAMI, FL 33180	Remove
			Change
			□ Add
			Remove
			Change
			Change Change Add Change
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ffective date, if other than t	he date of filing:			(opti	ional)	
an effective date is listed, the date   <b>Note:</b> If the date inserted in this	nust be specific and ca block does not me	innot be prior to et the applicab	date of filing or mo le-statutory filing	re than 90 days after requirements, th	is date will n	ot be listed
locument's effective date on the	Department of Sta	te's records.				
		ta but not	on offective ti	me at 12·01	a m. on th	ne earliei
e record specifies a dela The 90th day after the i	ecord is filed.	te, but not a	all ellective ti	110, 00 12.01		
1		2018				
Dated	,		- ·			
	CHI	) S1	mil			
			zed representative	nf a member		

Page 3 of 3

Filing Fee: \$25.00