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MAY 2 3 2017 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	Name of Limit	A LLC ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Marilyne	NEUCHAT Name of Person	
	NNN	ALMA LLC Firm/Company	
	3479	NE 163rd St	#582
		City/State and Zip Code	
	Mneucha E-mail address: (t	+ Q yahoo. wm o be used for luture annual report notific	cation)
For further information con	cerning this matter, please ca	dl:	
Marilyn Name of 1	EUCHAT	at (305) 302 - (Daytime	40 - 6 / Telephone Number
Enclosed is a check for the	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:

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

(Name of the Limited Liability Com (A Florida Limited	A L C pany as it now appears on our records. I Liability Company)		
The Articles of Organization for this Limited Liability Compar Florida document number <u>L 15 000 154 79</u> 4	·	5 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	NNN ALMA LL	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)	3479 NE 163rds North Miami Beach, F	+ #582 L, 33160	
		,	
Enter new mailing address, if applicable:	NNN ALMA LLC		
(Mailing address MAY BE A POST OFFICE BOX)	3479 NE 163 rds	+ #582	
	North Miani Beac	4,FL,33160	I
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		er the name of the ne	<u>w</u>
Name of New Registered Agent:	<u></u>		
New Registered Office Address:		SE G	
New Registered Office Address.	Enter Florida street address	7. S. 2. C.	
	City	r-Zip Code	
New Desistand Agent's Signature if changing Desistand Agen	4.		

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 = M AMBR = A	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Change
			D Add
			Remove
			☐ Change
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an effective date is listed, the	date must be specific and	d cannot be prior to d	ate of filing or more th	an 90 days after filit	ng.) Pursua	ant to 605.
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	Signature of a	member or authorize	ed representative of a	member		

Page 3 of 3

Filing Fee: \$25.00