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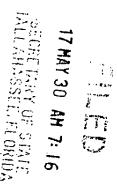
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COVER LETTER

TO: Registration So Division of Co	ection rporations		·
SUBJECT:	NNN ALMA Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		NEU CHAT Name of Person	
	NNN	ALMA 2LC Firm/Company	
	3479 N	E 163 rd st	# 582
	North Mian	Beach FL, J City/State and Zip Code	3160
	E-mail address: (to be used for future annual report notifi	ication)
For further information of	concerning this matter, please co	all:	
Manilyne Name o	eucha H	at (305) 302 Area Code Daytime	406 / Telephone Number
Enclosed is a check for the	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

NNN ALMA	LLC	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	三三章
The Articles of Organization for this Limited Liability Company		rand assigned.
Florida document number <u>(5 000 154 79</u>	4	SS 0
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	7: 16
The new name must be distinguishable and contain the words "Limited Liab	nility Company," the designation "LLC" or the ab	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	NNN ALMALL	<u>- C</u>
(Principal office address MUST BE A STREET ADDRESS)	3479 NE 1635d	St # 582
	North Mianci Beach	1, FC, 33160
Enter new mailing address, if applicable:	NNN ALMA LL	
(Mailing address MAY BE A POST OFFICE BOX)	North Miarri Beac	S+#582 L, FL, 33160
B. If amending the registered agent and/or registered of	office address on our records, enter	the name of the new

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:

Marilyno Neuchat

New Registered Office Address:

3479 NE 163rd St # 582

Worth Mann: Beach

Florida _____ 33 /

aont.

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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an effective date is l	other than the date of isted, the date must be spe	ecific and cannot be pri	or to date of filing or	more than 90 days after	filing.) Pursuant to 605.0
Note: If the date in locument's effective	nserted in this block do we date on the Departm	es not meet the applient of State's record	icable statutory til ls.	ing requirements, this	s date will not be listed
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Filing Fee: \$25.00