# L1900002191

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## **COVER LETTER**

Division of Corporations
SUBJECT: NBV LOAN ACQUISITION MEMBER, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
EVILT. Salpeter, ESq.  Name of Person
Salpeter Git KIn LLP Firm/Company
One East Broward Blvd., Ste 1500
Fort Lauderdale, FL 33301  City/State and Zip Code  EVILO Sulpeter gitkin. Com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
EVIL T. Salpetev at (954) 467-8622  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$  Certificate of Status \$\Bigcup \text{\$60.00 Filing Fee, Certificate of Status & 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

NBV LOAN ACQUISIT	MON MEMBER,	LLC
MBV LOAN A CQVISIT (Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records. iability Company)	)
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000209141</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	· · · · · · · · · · · · · · · · · · ·	
Enter new principal offices address, if applicable:	7301 SW	57th Court
(Principal office address MUST BE A STREET ADDRESS)	Ste. 565	
	7301 SW Ste. 565 South Miami, F	L 33143
Enter new mailing address, if applicable:	7301 SW 57+	n (ourt
(Mailing address MAY BE A POST OFFICE BOX)	Ste 565	
	J301 SW 57+ Ste 565 South Miami, F1	33143
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	r <b>ida</b> Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Сиу	Zıp Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete		

If Changing Registered Agent, Signature of New Registered Agent

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Qr., if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the Hmited Liebility

company has been notified in writing of this change.

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 **Title Name Address Type of Action** AMBR EVIC Salpeter I East Broward Blud Ste 1500 Remove FOA Lauderdale FL 33301 Change MBR Allen Greenwald 7301 SW 57th Court Add Ste.565 □ Remove South Miami F2 33143 Change □ Add □ Remove □ Change ☐ Add ☐ Remove ☐ Change □ Add □ Remove Change  $\Pi$ ☐ Remove ☐ Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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effec <u>te:</u> It	e date, if other than the date of filing:
re~^	rd specifies a delayed effective data, but not an effective time, of 40,04 a.m., on the section
he 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
	January 6, 2016. / 7
ed_	January 6, 2016.
	しししい。
	Signature of a member or authorized representative of a member
	Evic + Salveter mo
	Typed or printed name of signee
	ORIGINAL STATE OF THE STATE OF
	Page 3 of 3

Filing Fee: \$25.00