L160000067003

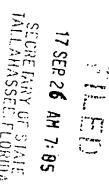
| (Requestor's Name) | |
|---|--------|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT [| MAIL . |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Sta | atus |
| Special Instructions to Filing Officer: | |
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Office Use Only



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SEP 26 2017 J SHIVERS

COVER LETTER

| TO: Registr'ation Division of C | | | |
|------------------------------------|---|--|---|
| | vestments LLC | | |
| SUBJECT: | Name of | Limited Liability Company | |
| | | | |
| The enclosed Articles | of Amendment and fee(s) are | submitted for filing. | |
| Please return all corres | pondence concerning this ma | tter to the following: | |
| | Thomas J Palmieri, Esc I | 4 | |
| | | Name of Person | |
| | Thomas J Palmieri, P. | \ . | |
| | | Firm/Company | . |
| • | 340 Minorca Ave., Sui | te One | |
| | | Address | |
| | Coral Gables, Fl. 3313 | 4 | |
| | | City/State and Zip Code | |
| | michel@nedeff.ch | ss: (to be used for future annual report notif | Testion) |
| For further information | 1 concerning this matter, pleas | | Rationy |
| Thomas J Palmieri | | 305 441.9021 | |
| c | e of Person | at () | Telephone Number |
| 1. | |) | receptione (value) |
| Enclosed is a check fo | r the following amount: | | |
| □ \$25,00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Regi Divi P.O. | ILING ADDRESS: stration Section sion of Corporations Box 6327 thassee, FL 32314 | STREET/COURT Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32. | n ations nter Circle |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| NMN Investments LLC | | | |
|--|--|--|--------------------------------|
| (Name of the Limi | ted Liability Company | as it now appears on our record | <u>s.</u>) |
| | (A FIORIGA LAMITEG CARE | itiny Company) | |
| The Articles of Organization for this Limited L | .iability Company we | ere filed on 04/04/2016 | and assigned |
| Florida document number L16000067003 | | | |
| This amendment is submitted to amend the following | owing: | | |
| A. If amending name, enter the new name of | Substituted liabilit | v company here: | |
| Transcring maner <u>enter the new name o</u> | | · company nere. | |
| | <u> </u> | | |
| The new name must be distinguishable and contain the | words "Limited Liability | Company," the designation "LLC | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applie | uble: | | |
| (Principal office address MUST BE A STREI | i ST ADDRESS) | | |
| | | | |
| | - | | |
| | | | |
| Enter new mailing address, if applicable: | - | | |
| (Mailing address MAY BE A POST OFFICE | BOX) | | |
| | | | |
| | | - | |
| B. If amending the registered agent and | /or registered offic | e address on our records | s, enter the name of the new |
| registered agent and/or the new registered o | | | |
| | | | |
| Name of New Registered Agent: | | | ₽SE <u>=</u> |
| Mile of the Witte Bisteres (15em. | i | | |
| New Registered Office Address: | | | <u> </u> |
| | | Enter Florida street addres. | SSE CONTRACTOR |
| | | , Flo | orida 📆 C 🗢 🔭 |
| | | City | Kip Code |
| New Registered Agent's Signature, if changing | Régistered Agent: | | |
| I hereby accept the appointment as registere | ed agent and agree | to act in this capacity. I fin | rther gares to comply with the |
| provisions of all statutes relative to the prop | per and complete pe | rformance of my duties, an | nd I am familiar with and |
| accept the obligations of my position as reg | istered agent as pro | vided for in Chapter 605, i | F.S. Or, if this document is |
| heing filed to merely reflect a change in the | registered office ad | dress, I hereby confirm the | at the limited liability |
| company has been notified in writing of this | change. | | |
| | | | |
| | | | |
| | 1f Changin | g Registered Agent, <u>Signature (</u> | of New Registered Agent |
| | | | |

Page 1 of 3

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> | | Address | Type of Action |
|--------------|-------------------|--------------|------------------------|----------------|
| AMBR | NEDEFF, NORKA | ! ! — | 920 Coral Way | |
| | | | Coral Gables, FL 33134 | ■ Remove |
| | | i | | Change |
| AMBR | DIAZ BANOS. NORKA | | 920 Coral Way | |
| | | | Coral Gables, FL 33134 | Remove |
| | | 1 | | □ Change |
| | | | | Add |
| | | | | ☐ Remove |
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| | | ; | | Remove |
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| | | <u> </u> | | D Add |
| | , | | □ Remove | |
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| | | <u> </u> | | Add |
| | | 4 | | ☐ Remove |
| | | | | Change |

| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. |
| f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: b) The 90th day after the record is filed |
| Dated September 21 2017 |
| |
| Signature of a member or authorized representative of a member MICHEL NEDEFF |
| Typed or printed rame of signee |
| Page 3 of 3 |

Filing Fee: \$25.00