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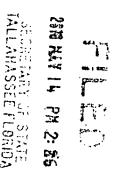
. (Re	questor's Name)			
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## COVER LETTER

TO: Registration So Division of Con			
SUBJECT: NiA	ros Propertie	, LLC	
	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please raturn all correspo	ondence concorning this matter	to the fallowing:	
rease return an correspe	riderice concerning this matter	to the following.	
		1	
	Jan II.	Name of Person	
	Nitros Prope	Aies LLC	
	, .	Firm/Company	
	607 57.1	Firm/Company  Av M  Address	
	OU S Zua	Address	
	St Petersh,	City/State and Zip Code  BBC i C loval. Com  to be used for future annual report notifi	
	$\mathfrak{P}_{l-1}$	City/State and Zip Code	`
	F-mail address:	to be used for future annual report notifi	ication)
			reaction y
For further information c	oncerning this matter, please c	B(1;	
Pion	Hacture	813 . 380 2	291
Name-o	f Person	at ( <b>813</b> ) 380 Z. Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
	-	<b>5</b> 644 00 FW F 0	<b>5</b> 040 00 500 5
\$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

Nitros	Properties	LLC					
Name of th	e Limited Liability C (A Florida Lin	ompany as it now a nited Liability Comp	oany)	cords.)			
The Articles of Organization for this Lim	nited Liability Com	pany were filed o	n 4/19	/16	and	d assign	ned
Florida document number <u>L16000</u>	077262						
This amendment is submitted to amend the	he following:						
A. If amending name, enter the new n							
The new name must be distinguishable and conta	in the words Limited	Liability Company,	the designation."	'LLC" or the a	ibbreviatio	n "L.L.C	2.7
Enter new principal offices address, if	applicable:						
(Principal office address MUST BE A S	STREET ADDRES	<u>(S)</u>			<u> </u>	<u> </u>	
					<u> </u>	बद - <del>उन</del>	Cid ing spires.
						5844 ***C	#79 7827301
Enter new mailing address, if applicab	le:				<u> </u>	<u></u>	Ta.s.
(Mailing address MAY BE A POST OF	FICE BOX)				ر برود. در با ترود	79	
					0.0	Ņ	prom.
					0.7	ey.	14812
B. If amending the registered agent registered agent and/or the new register	t and/or registere	ed office addre	ss on our rec	ords, <u>enter</u>	· the na	<u>me of</u>	the nev
registered agent and/or the new register	ered office address	s Here.					
Name of New Registered Agent	<u></u>			<del>.</del>			<del></del>
New Registered Office Address	<u></u>						
		Ent	er Florida street ac	ldress			
				, Florida			
		City			Zip C	ode	
New Registered Agent's Signature, if char	nging Registered Ag	zent:					

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>Address</u> **Title** Name **Type of Action** □ Add □ Remove \_□ Change \_□ Add □ Remove □ Change □ Add ☐ Remove \_□ Change □ Add ☐ Remove □ Change □ Add Change Change STATE FLUGRID Regions ☐ Change

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	<del></del>	
<u>Note</u>	ctive date, if other than the date of filing:	207 (3)(b) as the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier se 90th day after the record is filed.	of:
Date		
	Signature of a mainber or authorized representative of a member	
	Typed or printed name of signee	pane.
	Page 3 of 3	
	Page 3 of 3	स्थ्य <b>ः</b> सर्

Filing Fee: \$25.00