

L16000086538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

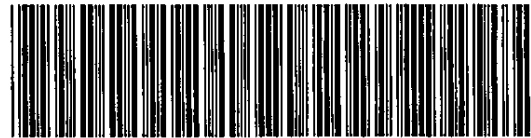
(Business Entity Name)

(Document Number)

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JAN 25 2017
S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 JAN -4 PM 1:40
17 JAN -4 PM 4:40



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 5, 2017

ANIL MOONASAR
NS UNLIMITED LLC
2750 TAYLOR AVENUE STE A-10
ORLANDO, FL 32806

SUBJECT: NS UNLIMITED LLC
Ref. Number: L16000086538

PO Box 6327
Tallahassee, FL
32314

Attw: Sheila Young

RECEIVED
2017 JAN 24 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for NS UNLIMITED LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

A&M UNLIMITED - L13000112891

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Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 817A00000243

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NS Unlimited 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:

Anil Moonasar
Name of Person
NS Unlimited LLC
Firm/Company
2750 Taylor Ave suite A-10
Address
Orlando, FL 32806
City/State and Zip Code
OrlandoRealEstateTeam@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anil Moonasar at (321) 945- 8045
Name of Person Area Code Daytime 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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

NS Unlimited LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/28/2016 and assigned
Florida document number L16000086538.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NS Unlimited LLC Real Estate Power LLC
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 applicable:

(Principal office address MUST BE A STREET ADDRESS)

2750 Taylor Ave A-03

Orlando, FL 32806

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 618690

Orlando, FL 32861

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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:

Anil Moonasar

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

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 = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Padma N Singh	2750 Taylor Ave suite A-10	<input type="checkbox"/> Add
		Orlando, Fl 32806	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Remove Padma N Singh as Registered Agent and MGR, and Anil Moonasar to be the new registered Agent.

Update the mailing address.

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E. Effective date, if other than the date of filing: _____ (optional)

(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)(b)

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.

If 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 12/8/2016

Signature of a member or authorized representative of a member

RADMA N SINGH

ANIL MOONASAR

Typed or printed name of signee