To: 8506176383 5/20/2016



## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: FORCALBER SERVICES INC

Account Number : I20150000098

: (305)713-9142

Fax Number

: (815)550-9948

\*\*Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NORTH STORE NFM LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

MAY 27 2016

N. CAUSSEAUX

To: 8506176383

From: (815)550-9948

Pg 2 of 4 05/26/16 10:47 am

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

NORTH STORE NFM LLC	28	
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 05/10/2016 and assigned	
florida document number L16000091307		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	14280 SW 142ND ST	
(Principal office address MUST BE A STREET ADDRES	# 202	
	MIAMI, FL 33186	
Enter new mailing address, if applicable:	14280 SW 142ND ST	
(Mailing address MAY BE A POST OFFICE BOX)	# 202	
	MIAMI, FL 33186	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address ber Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
No. 10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
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

To: 8506176383

From: (815)550-9948 Pg 3 of 4 05/26/16 10:47 am

If amending the Managers or Author...d Member on our records, enter the title, ....de, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	YIMIS LUGO	14280 SW 142 ST #	202 D Add
		MIAMI, FL 33186	≅ Remove
			□ Add
			Remove
			Add Remove
			26 PH 1:51
			Remove
			□ Add
			Remove
			☐ Remove

D. If amending any other informatio..., \_nter change(s) here: (Attach additional she..., if necessary.)

E. Effective date, if other than the date of filing:
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

MAY 20

Signature of a member or authorizing replacement of signate

LEANDRO G MURATT

Typed or printing hame of signate

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Filing Fee: \$25.00