Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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AUG 23 2016

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

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COVER LETTER

	egistration Se ivision of Cor					
SUBJECT	NSA INVE	EST LLC		•		
301201	·	Name of Lin	nited Liability Company			
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retu	m all correspo	ondence concerning this matter	to the following:			
		NELSON DOS SANTOS	ALVES			
			Name of Person			
		NSA INVEST LLC			र्क	750 150
			Firm/Company		AUG	Ser.
		4800 N FEDERAL HWY	101D		6 22	
			- Address	· -	ĤΉ	THE C
		BOCA RATON, FL 334		بو	FLOST	
•		VOLUNTA VOLUNCA A DRI JOV	City/State and Zip Code		ယ္သ	32m
		YOURTAX@THESMART	1 AX.COM to be used for future annual report notifi	cation)		.
For further	information c	oncerning this matter, please c	·	•		
FERNAND	DA LOLA		954 782 3610			
-	Name o	f Person	at () Area Code Daytime	Telephone Number		
Enclosed is	a check for th	ne 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)		
	Registr	ING ADDRESS: ation Section	STREET/COURIE Registration Section			

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

111 M16 COCOSUIS 22 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NSA INVEST LLC					
(Name of the Limite	d Liability Compa A Florida Limited	any as it now appears on Liability Company)	our records.)		
The Articles of Organization for this Limited Lia	bility Company	were filed on 05/16/2	2016	_ and assigned	
Florida document number L16000095375	 -	•			
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liab	nility company here:			
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the design	nation "LLC" or the abbro	eviation "L.L.C."	
Enter new principal offices address, if applica	ble:	535 E SAMPLE RD	·		3
(Principal office address MUST BE A STREET	ADDRESS)	POMPANO BEACH	1, FL 33064	P 5	,
				<u>5</u>	
				2	12
Enter new mailing address, if applicable:		535 E SAMPLE RD			្ន
(Mailing address MAY BE A POST OFFICE B	ox)	POMPANO BEACI-	1, FL 33064	ج بو	- est-
				ယ္က ႏ	31.
B. If amending the registered agent and/o registered agent and/or the new registered offi	ce address her				
Name of New Registered Agent:					
New Registered Office Address:	535 E SAMPLI				
		Enter Florida st			
	POMPANO BE	*	, Florida <u>3306</u>	,	
		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 camply 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.

Fernanda Lola - President ichanging Registered Agent

111 H 16 WW 20 10 2- - 111

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
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ective date, if other than the da effective daw is listed, the date must be e: If the date inserted in this block	te of filing: specific and cannot be prior to date or does not great the applicable rec	(options of Bung or more than 90 days after fill	il) ng.) Pursuant to 605.0207 (3)(b) to will out by listed on the
urnent's effective date on the Depa	tment of State's records.	tutory titting requirements, tals de	ie will that the fixing as the
record specifies a delayed e he 90th day after the recon	fective date, but not an el	ffective time, at 12:01 a.m	n, on the earlier of:
AUGUST 17	2016		
	The state of the s	/ //	//
Si	nature of a member or suthorized re-	presentative of a plember	
NELSON DOS SANTOS			

Page 3 of 3

Filing Fee: \$25.00