Division of Corporations **Electronic Filing Cover Sheet**

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NIRVANA DEVELOPMENT LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

(Sep. 26. 2016 9:00AM 9:00AM

TO ARTICLES OF ORGANIZATION OF

NIRVANA DEVELOPMENT LLC		
(Name of the Limited Liabilit (A Florida	y Company as if now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 09/08/2016	and assigned
Florida document number L16000168226	<u>.</u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "LLC" or t	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	VESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
,		
B. If amending the registered agent and/or regist	trund silika silikusa sa sasa sasa sa	42 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A
registered agent and/or the new registered office addr	ress here:	ter the name of the ne
	•	 (***)
Name of New Registered Agent:		2, 2
New Registered Office Address:		2
	Enter Florida street address	
	, Florids	Zin 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

No. 1733 P. 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> </u>	Address	Type of Action
MGR	ADAM KATZ	300 SE STH AVENUE, #7150	☐ Add
		BOCA RATON, FL 33432	■ Remove
			☐ Change
MGR	Adam Katz 2012 Revocable Trust	300 SE 5TH AVENUE, #7150	₽ Add
		BOCA RATON, FL 33432	□ Remove
			□ Change
			D Add
			Remove
			Change
			Remove
			Change
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			☐ Remove
			☐ Change
 			
			□ Remove
			Chonce

ep. 26. 2016 9:00AM/9 GERALD, WEINGERG	No. 1733	P. 4	
). If amending any other information, enter change(s) here: (Attach add	ditional sheets, if necessary.)		٠.
			
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E. 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 Note: If the date inserted in this block does not meet the applicable statutory is document's effective date on the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to filing requirements, this date will not be	o 605.0 : listed)207 (3)(i as the
If the record specifies a delayed effective date, but not an effective (b) The 90th day after the record is filed.	ve time, at 12:01 a.m. on the ϵ	arliei	r of: .
Dated September 23 , 2016			:.
Signature of a printer of the prized represents	ative of a member	 -	
I AWDENCE A PIDOCU ATTU DED			

Typed or printed name of signee