L16 000179070

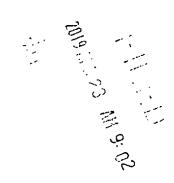
((Requestor's Name)
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PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

Office Use Only



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Amend

APR 2.1 2019
I ALBRITTON

COVER LETTER

SUBJECT:	ì	Nirvana Research Center LL	.C	
3003ECT		Name of Lim	ited Liability Company	
The enclosed Ar	ticles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all	correspond	ence concerning this matter	to the following:	
			Daniela Manno	
			Name of Person	
		N	irvana Research Center	
			Firm/Company	
			8765 SW 165 Ave Suite 1	05
			Address	
			Miami, Fl 33193	
			City/State and Zip Code mannopd@hotmail.com	
	-	E-mail address: (to be used for future annual report noti	fication)
For further infor	mation cond	eerning this matter, please ca	all:	
	Daniela Ma	anno	786 2671190 at ()	
	Name of Pe	erson	Area Code Daytim	ne Telephone Number
Enclosed is a che	eck for the f	following amount:		
■ \$25.00 Filing	g 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

TO:

Registration Section
Division of Corporations

STREET/COURIER ADDRESS:

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



April 15, 2019

DANIELA MANNO 8765 SW 165 AVE STE. 105 MIAMI, FL 33193

SUBJECT: NIRVANA RESEARCH CENTER LLC

Ref. Number: L16000179070

We have received your document for NIRVANA RESEARCH CENTER 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 document must have original signatures.

You failed to sign the form.

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) 245-6050.

Letter Number: 519A00007586

Irene Albritton Regulatory Specialist II

2019 APR 23 PH 2: 0

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

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Nirvana Research Center 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 $\frac{09/26/2016}{1}$ ___ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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>	Type of Action
AP	Victoria Almeida	8765 SW 165 Ave Suite 105 Miami,FI 33193	
			Remove
			□ Change
		·	Remove
			Change
			Add
			□ Remove
			Change
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			Remove
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			Change
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			□ Remove
			Change

Effective date, if other than the date of filing: In effective date, if other than the date of filing: In 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 (Once: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a sourcent's effective date on the Department of State's records. One record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed. Signature of a member of suthorized (egresentative of a member)	_	
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Mrillo Moll	The	90th day after the record is filed.
MKIND ONT		
MKIND ONT	ited (4/04/2019
Signature of a member of authorized representative of a member		
Signature of a member of authorized representative of a member		11/11/10/01//
		NNAMO LIOV /

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00