## L16000202845

(Requestor's Name)	
(Nequestors Marine)	
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PICK-UP WAIT	MAIL
(Business Entity Name	<del>)</del>
(Document Number)	
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Special Instructions to Filing Officer:	
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## **COVER LETTER**

TO:	Registration S Division of Co		a	
477783 7874		Name of Limited Liability Company  icles of Amendment and fee(s) are submitted for filing.  correspondence concerning this matter to the following:		
SUBJE	.1:	Name of Lim	ited Liability Company	<del>_</del>
The encl	losed Articles of	'Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all corresp	ondence concerning this matter	to the following:	
		PAULO FACTOR		
			Name of Person	<del></del>
		NETWORK FOR PRO, LI	.C.	
		<del></del>	Firm/Company	
		6220 S ORANGE BLOSS	OM TRAIL, SUITE 600	
			Address	<del></del>
		ORLANDO/FL - 32809		
			City/State and Zip Code	
		E-mail address. (	to be used for future annual report notifi	cation)
For furt	her information	concerning this matter, please ca	ull:	
			407 888 4747 at ()	
	Name	of Person	Area Code Daytime	Telephone Number
Enclose	d 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, F1, 32314 STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NVI IMPORT, EXPORT & CON	SULTING LLC.		
(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited I	liability Company were filed on $\frac{1}{2}$	1/04/2016	and assigned
Florida document number L16000202845	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company l	<u>nere</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "L1.C" or the a	bbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			<del></del>
Mailing address MAY BE A POST OFFICE	<u> </u>		17
			SST
B. If amending the registered agent and		n our records, <u>enter</u>	
egistered agent and/or the new registered of	office address here:		A DO
			SA E
Name of New Registered Agent:			<u> </u>
New Registered Office Address:	1200 N CENTRAL AVENUE,	SUITE 209A	
	Enter Fl	orida street address	
	KISSIMMEE	Florida _3-	<b>1</b> 741
	Cin		Zin Co.L.

## 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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RICARDO DIONISIO MANARIN	4544 ALBERTO CIRCLE	<b>=</b> Add
		KISSIMMEE, FL 34746	□ Remove
			□ Change
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./s	Timela Priminia	Monsoi.			

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Filing Fee: \$25.00