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SECRETARY OF STATE FALLAHASSEE, FLORIDA

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COVER LETTER

TO:		istration Se ision of Co		· ·			
CHDI	Nigella Properties, LLC ECT:						
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The e	nclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	e return	all correspo	ondence concerning this matter	to the following:			
			Gigi Iza				
				Name of Person			
			Umbach Financial Group,	Umbach Financial Group, LLC			
				Firm/Company			
		525 South Flagler Drive, Suite 100					
		Address West Palm Beach, FL 33401					
				City/State and Zip Code			
			giza@joesfinancial.com				
		_		to be used for future annual report notif	ication)		
For fur	rther in	formation co	oncerning this matter, please co	all:			
Gigi I	za			561 228-7499			
	· · · ·	Name of	f Person	at () Area Code Daytime	: Telephone Number		
Enclos	sed is a	check for th	e following amount:				
\$ 2	5.00 Fi	ling 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

STREET/COURIER ADDRESS:

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

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

2017 MAR 21 PM 1:50

CALLAHASSEE, FLORID;

Nigella Properties, 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 Comparing Florida document number <u>L17000031655</u>	any were filed on February 8, 201	7 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	liability company here:	
Nigella Properties of West Palm Beach, LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	l office address on our record	ls, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
Registered Office Address,	Enter Florida street addre.	ss
	, FI	lorida
	City	lorida Zip Code
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>	
I hereby accept the appointment as registered agent and a	igree to act in this capacity. I fu	ırther agree to comply with the

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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 being added</u> or removed from our records:						
MGR = Manager AMBR = Authorized Member			2017 MAR 21 PM 1:50 Type of Action FALL AHASSEE, FLORIO,			
<u>Title</u>	<u>Name</u>	Address	SEURETESS PH 1:50	Type of Action		
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Page 3 of 3

Filing Fee: \$25.00