117000140744

(Re	equestor's Name)
(Ac	ldress)
(Ad	ldress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
L FICK-OF	MANIE MINIE
(Bi	siness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
· ———	
Special Instructions to	Filing Officer:
7: 833 33	3
	Office Use Only
· .	
*45.	
	<u>.</u>
1	· .*
EC :	<u>.</u>
0	•
2017 DEC -4 KM	_ <<
2	



100306234401

12/05/17--01003--008 **25.00

17 DEC 28 EM 2049

DFC 29 2017



December 6, 2017

3N PARTNERS LLC 1950 NW 70 AVE MIAMI, FL 33126

SUBJECT: 3N PARTNERS LLC Ref. Number: L17000140744

We have received your document for 3N PARTNERS 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 registered agent must sign accepting the designation.

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) 245-6051.

Letter Number: 217A00024667

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	CCT: 3N Partners LLC Name of Limited Liability Company	
	Name of Limited Liability Company	mitted for filing. To the following: Name of Person Aces LLC Firm/Company J D Ave Address FL 33120 City/State and Zip Code City/State and Zip Code Obe used for future annual report notification) all: M at (305) 793-3039 Area Code Daytime Telephone Number Daytime Telephone Number Daytime Telephone Number Daytime Telephone Status & Certificate of Status
The end	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Name of Person	
	3N Partocks LI-C Firm/Company	
	1950 NW 70 Ave Address	
	Miami FL 33126 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For furt	her information concerning this matter, please call:	
F.	Name of Person Area Code Daytime Telephone Number	
Enclose	d is a check for the following amount:	
	.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee.	

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

3N Partner			
(Major of the Plant	(A Florida Limited Liability Company)	our records.	
The Articles of Organization for this Limited L. Florida document number		28 17 an	d assigned
This amendment is submitted to amend the follow	owing:		
A. If amending name, enter the new name o	f the limited liability company here:		
The new name must be distriguishable and contain the a	words "Limited Liability Company," the design	minu. List, or the approviation	TLC."
Enter new principal offices address, if applie	able:	,	
(Principal office address MUST BE A STREE	TADDRESS)		<u> </u>
			9
Enter new mailing address, if applicable:			70 TR 20
(Mailing address MAY BE A POST OFFICE	<u>BOX</u>)		2 3 F
B. If amending the registered agent and	or registered office address on our	records, enter the na	ime of the new
registered agent and/or the new registered of	ffice address here:		ede of the he
Name of New Registered Agent:	Barbara Sanju	AND PA	
Now Registered Office Address:	2030 SN 28 STR	eet. Ste let	•
	Briter Florida's		
	Coconut Grove	Florida 83)	33
Many Decistanti Lorintto Stometrico Mahamatan I		Zip (Code
New Registered Agent's Signature, If changing I			
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as registere field to merely reflect a change in the company has been notified in writing of this	er and complete performance of my d istered agent as provided for in Chap registered office address, I hereby co	tuties, and I am familia ter 605. E.S. Or. if this	r with and document is
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The Comment	
	if Changing Registered Agent,	Signature of New Registered	Agent

Page 1 of 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>Name</u>	Address	Type of Action
MGR	Jonathan Nisenbaum		🗆 Add
			Remove
			Change
MGR	Nicolas Nisenbaum		Add
			🕱 Remove
			Change
			Remove
		ASSEE.	Change
		- CORDA	Change
			D Change
			O Add
			□ Remove
			Change
			D Add
			_□ Remove
			□ Change

			_				_
· .	-					.	_
			_				
-	·		_				
		<u> </u>		<u>-</u>	-		_
			<u> </u>				_
<u> </u>							
							_
-							_
				_			_
			<u>_</u>	_			_
							
		-				17 E	_
	 	_	<u>-</u>		지 <u>기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기</u>	<u> </u>	_
	 .				- S	. I.o	_ ;
					<u></u>	. PK	<u>[]</u>
					rri 0 © 2		Ĺ
					0.0	- to	_
effective date is listed te: If the date insert	er than the date of the date must be specified in this block does ate on the Departmen	fic and cannot be positive and the can	prior to date of filing plicable statutory	or more than 90 days	optional) after filing.) Purs	want to 61	
record specifies The 90th day afte	a delayed effect	ive date, but	not an effecti	ve time, at 12:	01 a.m. on t	he earl	lier c
me such day dite	a the record (5)	nea.					
ated November	ce 27	. 201	W.				
		AAA	7				

Page 3 of 3

Filing Fee: \$25.00