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DIVISION OF CORPORATIONS

N COOPER MAY 2 9 2018

COVER LETTER

SUBJECT:	JE Neu E Name of Limit	-state Inuls ed Liability Company	Iments LLC
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please teturn all correspo	ndence concerning this matter to	o the following:	
	Nora	Estrul7 Name of Person	
	NE Real	Estati In Upst	mints LLC
		tarding AUE	
	Surside 7	City/State and Zip Code	
	E-mail address: (to	City/State and Zip Code 22 © G-Ma. be used for future annual report notifies	COM cation)
For further information co	oncerning this matter, please ca	1:	
Nora Name o	Estever Person	at (305) SF Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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:

TO:

Registration Section Division of Corporations

> 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

NE real Es	Liability Company as it Florida Limited Liability	now appears on ou Company)	f-s LL(<u>-</u>	
The Articles of Organization for this Limited Liabi	lity Company were	filed on/	117/201	7 and assigne	ed .
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of th	e limited liability c	ompany here:			
The new name must be distinguishable and contain the word		npany," the designati	on "LLC" or the ab	breviation 55C.	NVISION OF
Principal office address MUST BE A STREET /	<u> 1DDRESS)</u>		·-		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO		-			C) OF STATE OF STATE
B. If amending the registered agent and/or registered agent and/or the new registered office		address on our	records, enter	the name of 1	the new
Name of New Registered Agent:	Nora	Estev	(2		
New Registered Office Address:		Emer Prorition Site	er aaaress		
-	SurFside	ity	Florida	33/54 Zip 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

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 = Ai	ithorized Member		
<u>Title</u>	Name	Address	Type of Action
	Sala, wholesale		
	real		
			Change
A MBC	Sale, wholesale		Add
	rear		
			Change
MgR	Nora Estaver		
			Remove
			Change
4MBC	Nora Estevez		
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Note: If the	he date inse	rted in this blo	date of filing be specific and bock does not n partment of S	neet the appl	licable statuto	ing or more tha ry filing requ	(option 90 days after firements, this	nal) iling.) Pursuant date will not l	to 605.02 be listed	207 (. as tl
			effective coord is filed.		not an effec	ctive time,	at 12:01 a	.m. on the	earlier	of:
Dated	5/	22		201	8					
			Signature of a i	member or au	thorized repres	entative of a m	ember –			
			<u>.</u>		•					

Page 3 of 3

Filing Fee: \$25.00