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SECRETARY OF STARY
NELAHASSEE, FTOKIOA

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## **COVER LETTER**

• -	stration Secti ion of Corpo			
SUBJECT: _	Nati	onal Rare Cor- Name of Limi	as ZCC ited Liability Company	
The enclosed :	Articles of Ar	nendment and fec(s) are sub-	mitted for filing.	
Please return a	ill correspond	ence concerning this matter	to the following:	
		Keith A S	Chafer Esc. Name of Person	
			Firm/Company	
		Lio NW	Corporate Bluel.	
		Boca Ratus	FC, 33431 City/State and Zip Code	
		atty Keith Dy	o be used for future annual report noti	fication)
For further inf	ormation con	cerning this matter, please co	ill:	
Keith /	A Scha Name of P	Fe/ erson	at ( <u>\$61</u> ) <u>241</u> - Area Code Daytim	-9690 e Telephone Number
Enclosed is a c	check for the	following amount:		
\$25.00 Fil	ing Fee	S30.00 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.

FILED

National Ra (Name of the Limit	1 (0105	220	www.manade.\	<b>16.732</b>
(Name of the Lunit	(A Florida Limited	Liability Company)	"始"》。-2 1-	LE 30
The Articles of Organization for this Limited Li	iability Company	were filed on12	1,3/2013-5	CTATO <u>V</u> andlassigned
Florida document number 17000 25	4996			
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liah	oility company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabi	hty Company," the design	nation "LLC" or the abbr	eviation "L.L C."
Enter new principal offices address, if applic	able:			·
(Principal office address MUST BE A STREE	T.ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
				<del></del>
B. If amending the registered agent and/	or registered a	ffice address on ou	ir records enter th	ne name of the new
registered agent and/or the new registered of	•		ii records. <u>circi di</u>	it hame of the new
Name of New Registered Agent:	Virginia	a De Metro		
New Registered Office Address:	3030.1	UE YIM ST	reet	
		Enter Florida s	street address	
	Fort La	De Metro  VE 42nd St  Enter Florida:  uderdale  City	Florida <u>33</u>	30 g Zip Code
New Registered Agent's Signature, if changing I				
	,		. 15 1	

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

or 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	Martin Bookston, Jr.	4000 Hollywood Blud	D Add
		155-5	Remove
		Hollywood, FL 33021	Change
MGR	<u>virginia</u> <u>De Metro</u>	3030 NE 42 <sup>nd</sup> Street	taxaa
		Fort Landerdale, FC 333	ROB - Remove
			Change
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• • •	any other information, enter change(s) here: (Attach additional sheets, if necessary)
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(If an effective da Note: If the da	e, if other than the date of filing:
(b) The 90th (	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: day after the record is filed.
Dated	19 ARIH 18, LUIT.
	MADLE 16, LOIG.  9th A Late of a member of a member
	MACTIN BOOKSTEN JL Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00