

48000063193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

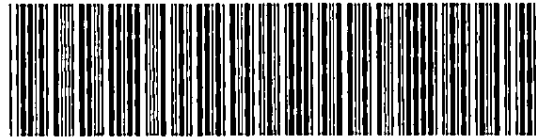
(Business Entity Name)

(Document Number)

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2018 NOV 13 PM 12:12

RECEIVED  
FALL RIVER, MA

*Amend*

ALBRITTON

NOV 28 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NS 786 PROPERTIES LL  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DOMINIC JOHN

Name of Person  
DJ&J ASSOCIATES  
Firm/Company  
2400 SE 36TH AVE. SUIT 104  
Address  
OCALA, FL ~~3471~~ 34471  
City/State and Zip Code  
dj\_venad@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DOMINIC JOHN 352 694-2004  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed 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, FL 32314

STREET/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## NS 786 PROPERTIES LLC

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> | <u>Address</u>              | <u>Type of Action</u>                      |
|--------------|-------------|-----------------------------|--|
| MGR          | FNS SURRIYA | 5001 SW 20TH ST, APT # 4208 | <input type="checkbox"/> Add               |
|              |             | OCALA, FL 34474             | <input checked="" type="checkbox"/> Remove |
|              |             |                             | <input type="checkbox"/> Change            |
| MGR          | NAVID N ALI | 5703 SW 50TH AVE            | <input checked="" type="checkbox"/> Add    |
|              |             | OCALA, FL 34474             | <input type="checkbox"/> Remove            |
|              |             |                             | <input type="checkbox"/> Change            |
|              |             |                             | <input type="checkbox"/> Add               |
|              |             |                             | <input type="checkbox"/> Remove            |
|              |             |                             | <input type="checkbox"/> Change            |
|              |             |                             | <input type="checkbox"/> Add               |
|              |             |                             | <input type="checkbox"/> Remove            |
|              |             |                             | <input type="checkbox"/> Change            |
|              |             |                             | <input type="checkbox"/> Add               |
|              |             |                             | <input type="checkbox"/> Remove            |
|              |             |                             | <input type="checkbox"/> Change            |
|              |             |                             | <input type="checkbox"/> Add               |
|              |             |                             | <input type="checkbox"/> Remove            |
|              |             |                             | <input type="checkbox"/> Change            |

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**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 11/01/ 2018

Signature of a member or authorized representative of a member

Typed or printed name of signee