## 118000063193

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Dx	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO:	Registration S Division of Co			
		NS 786 PROPERTIES	LL	
SUBJ	ECT:	Name of Lim	ited Liability Company	<del></del>
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all corresp	ondence concerning this matter	to the following:	
		DO	MINIC JOHN	
			Name of Person	<del></del>
		DJ&J AS	SOCIATES	
			Firm/Company	
		2400 SE 36TH	AVE, SUIT 104	
			Address	
		OCALA, FL	34411	
		dj_venad@	City/State and Zip Code )yahoo.com	
		E-mail address: (	to be used for future annual report notif	ication)
For fu	irther information (	concerning this matter, please c	all:	
	DOMINIC	JOHN	352 694-2004	
	Name	of Person	at () Area Code Daytime	: Telephone Number
Enclo	sed is a check for t	he following amount:		
<b>■</b> Si	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 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

NS 786 PROPERTIES LLC	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{03}{4}$	09/2018 and assigned
Florida document number L18000063193	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	<u>re</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the de	•
Enter new principal offices address, if applicable:	7018 15.818 15.818
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
<del></del>	3 5 5
Enter new mailing address, if applicable:	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)	7
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:	our records, enter the name of the nev
Name of New Registered Agent:	
New Registered Office Address:	
Enter Flor	ida street address
<del></del>	Florida
City	Zip Code

lew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and scept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is sing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability mpany 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 = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	FNS SURRIYA	5001 SW 20TH ST, APT # 4208	
		OCALA, FI. 34474	Add
		OCAEA, FI. 34474	<b>■</b> Remove
			☐ Change
MGR	NAVID N ALI	5703 SW 50TH AVE	to Change
	<del></del>	OCALA, FL 34474	<b>🖺</b> Add
			□ Remove
		<del></del>	Change
		<del></del>	
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	11/01/2018
ffect	
Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	2018
•u	
	( Anal)

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00