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COVER LETTER

TO:	Registration Se Division of Cor			
C. I. I. F. F. F.	NDM Sale	s LLC		
SUBJI	:C1:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		NANCY MORRISON		,
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		NDM SALES LLC		-
			Firm/Company	
		3420 PRANCER LN.		n
			Address	·
		ORMOND BEACH, FL	32174	
		ndmsalesllc@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For fur	ther information c	oncerning this matter, please ca	all:	
Nancy	/ Morrison		336 953-7951	
	Name o	f Person		e Telephone Number
Enclos	ed is a check for tl	ne following amount:		
\$2	5.00 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)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corporal Clifton Building 2661 Executive Co	on rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NDM SALES LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

of Organization for this Limited Liability Company were filed on March 12, 2018 and a

-	iability Company were filed on	March 12, 2018	and assigned
Florida document number L18000063918			
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liability company	here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liability Company," th	ne designation "LLC" or the al	breviation "L.L.C."
Enter new principal offices address, if applied	cable:		
(Principal office address MUST BE A STREE			**
			<i>-</i>
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	on our records, enter	the name of the new
New Registered Office Address:	N/A		
	Enter 1	Florida street address	
-			
<u> </u>		, Florida	
<u> </u>	City	, Florida	Zip Code
New Registered Agent's Signature, if changing		, Florida	Zip Code

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>	<u>Name</u>	Address	Type of Action
MGR	NANCY MORRISON	3420 PRANCER LN, ORMOND BEACH FL 32174	⊟ Add
			□ Remove
			C Relikive
			Change
			Remove
			.: Change •
			□ Add
			Remove
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			Change
			Remove
			☐ Change
			Add
			□ Remove

N/A	
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fective date, if other than the date of filing:	(optional)
ote: If the date inserted in this block does not meet the applicable statutory filing rec	quirements, this date will not be list
ocument's effective date on the Department of State's records.	•
record specifies a delayed effective date, but not an effective time	e. at 12:01 a.m. on the earli
The 90th day after the record is filed.	.,
SEPTEMBER 14 2018	
ated	
nted	
Signature of a member or authorized representative of a	member

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Filing Fee: \$25.00