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(Requestor's Name)
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COVER LETTER

	egistration Se vivision of Cor			
SUBJECT		TMENTS SERVICES II, LLC		
эорге 1		Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		NAWAZ MUHAMED		
		· · · · · ·	Name of Person	
			Firm/Company	
		6573 NW 127TH TERRA	ACE	
		PARKLAND, FL 33076	Address	
			City/State and Zip Code	
		nawazmuhamed@gmail. E-mail address: (com to be used for future annual report notif	ication)
For further	information co	oncerning this matter, please co	all:	
NAWAZ N	MUHAMED		954 871-9962 at () Daytime	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is	s a check for th	e following amount:		
\$25,00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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

NS INVESTMENTS SERVICES II, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number L18000074136	ny were filed on 03/22/2018	and assigned
This amendment is submitted to amend the following:		and assigned C" or the abbreviation "L.L.C." Consideration "L.L.C." Conside
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		## XX
		ω <u></u>
Enter new mailing address, if applicable:		P
(Mailing address MAY BE A POST OFFICE BOX)		9 33
	- Called Called	0
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent: New Registered Office Address:		nter the name of the nev
	, Florid	9
	City	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	NAWAZ MUHAMED	6573 NW 127TH TERRACE	□ Add
		PARKLAND, FL 33076	■ Remove
			Change
AMBR	SALEEM SHIVJI	11201 NW 23RD CT	
		CORAL SPRINGS, FL 33065	■ Remove
			□ Change
MGR	JOAO GOES	2400 N. UNIVERSITY DRIVE	Add
		SUNRISE, FL 33322	□ Remove
			Change
			□ Add
			Remove
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Signature of a member or authorized representative of a member	ited	07-02 2018		
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		Signature of a member or authorized representative of a member		

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Filing Fee: \$25.00