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DIVISION OF COSPORATIONS

SECRETARY OF STATE

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## **COVER LETTER**

TO:	Registration Se Division of Cor			
C = ( = ) = = 1	NW Law L	LC		
SUBJEC	.l:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Tshai Wright		
			Name of Porson	
		NW Law LLC		
		10	Firm/Company	
		17378 SW 22 Ct.		
			Address	
		Miramar FL		
			City/State and Zip Code	
		tshai@nwlaw.co		
For furth	ner information co	oncerning this matter, please ca	to be used for future annual report noti all:	nean(m)
Tshai V	Vright		954 534-5528 at()	
	Name of	f Person	Area Code Daytim	e Telephone Number
Enclosed	l is a check for th	ne following amount:		
<b>S</b> \$25.	00 Filing Fee	☐ \$30.00 Fiting 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

NW Law LLC				
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on April 24, 2018	and assig	gned	
Florida document number L18000103498				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	reviation "L.L		
Enter new principal offices address, if applicable:				_
(Principal office address MUST BE A STREET ADDRESS)	4577 N NobHill Road Suite 209, Sunri	se FL 3335	1	_
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)  4577 N Nobhill Road Suite 209, Sunrise I		se FL 3335	1	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		he name o	of the	new
			<b>1</b>	<u>₹</u>
Name of New Registered Agent:			<u>F</u>	
New Registered Office Address:				
	Enter Florida street address		PH 12	125 CE 171
	Florida	Zip Code	<u></u>	<u>-</u> ≥>
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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, 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>	Type of Action
AP	Shlomo Nizahon	12743 NW 15 ST.	□ Add
		SUNRISE, FL 33323	■ Remove
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(If an ef 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 ear 90th day after the record is filed.	lier of:
Dated	June 1th . 2018.	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00