## L18000184235

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DIVISION OF CORPORATION.

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## **COVER LETTER**

TU		distration Serision of Cor			
SII	вјест:	Nia Imports	s LLC		
50	Dolle 1.		Name of Lim	ited Liability Company	
The	e enclosed	f Articles of	Amendment and fee(s) are sub	mitted for filing.	
Ple	ase returr	all correspo	ndence concerning this matter	to the following:	
			Anmol M Haque		
				Name of Person	
			NIA Imports		
				Firm/Company	
			121 buttonwood lane		
				Address	<del></del>
			Boynton Beach,FL,33436		
				City/State and Zip Code	······································
			nia.busines@gmail.com		·
			E-mail address: (	to be used for future annual report noti-	fication)
For	further in	nformation c	oncerning this matter, please ca	all:	
Ar	unol M h	aque		646 387-9344 at ( )	
		Name o	f Person	Area Code Daytim	e Telephone Number
Enc	closed is	a check for th	ne following amount:		
	\$25.00 F	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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liat</u> (A Flor	oility Company as it now appears on our records ida Limited Liability Company)	_)
The Articles of Organization for this Limited Liability Florida document number	•	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	sece divisio 18 SE
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation "LLC"	or the abbreviation \(\frac{\P}{2}\).
Enter new principal offices address, if applicable:		<b>-</b>
Principal office address MUST BE A STREET AD	DRESS)	8 W.
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered agent and/or the new registered office ac		, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	rida
	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, 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	Anmol M Haque	121 Buttonwood lane, Boynton Ber	■ Add
			Remove
			☐ Change
			Add
			☐ Change
			□ Add
			Remove
			Change
			Add
			Remove
			Change
			Remove
		<u> </u>	Change
			Remove
			Change

. II amendin	ig any other information, enter change(s) here: (Attach additional sheets, if necessar,	y.) 	_
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		<del></del>	_
			_
			_
			_
-			_
			_
		<del></del>	S
		SEP	SECRE ISION
<del></del>		F	78.45 78.41 7.11.4
		75	-왕으r 왕오
		<del>8.</del>	- 45 66 67
			<del>-</del>
			- <b>-</b>
Note: If the	ate, if other than the date of filing:		
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. h day after the record is filed.	on the ear	lier of:
Dated	6/18		
	Signature of a member or authorized representative of a member		
	Signature/of a member or authorized representative of a member		

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Typed or printed name of signee

Filing Fee: \$25.00