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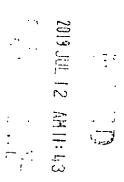
(Re	questor's Name)	
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COVER LETTER

Division of Co			
Nitai Prem	a Industries LLC		
<u></u>	Name of Limited	Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitt	ed for filing.	
Please return all correspo	ondence concerning this matter to the	he following:	
	Jimmy Brandti		
		Name of Person	1 1 1 - 1 1 dd 1 dd dad
	Nitai Prema Industries LLC		
	<u> </u>	Firm/Company	
	620 Douglas Ave, Suite 1302		
		Address	
	Altamonte Springs, FL 32714		
	C superiorcustomshutters@gmail.	ity/State and Zip Code	210.5
	E-mail address: (to be	used for future annual report notific	ation)
For further information c	oncerning this matter, please call:		
Jimmy Brandti		407 4096543	
Name o	f Person	at () Area Code Daytime '	Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 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:

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 F.' ARTICLES OF ORGANIZATION OF 2010 HB 1.5

2019 JUL 12 AH 11: 43

Nitai Prema Industries LLC

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

The Articles of Organization for this Limited I	Liability Company were filed on	and assigned
Florida document number	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company her	<u>re</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	P411-11
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	· BOV	
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter the name of the new
Name of New Registered Agent:	Jimmy Brandti	
New Registered Office Address:	620 Douglas Ave Suite 1302	
		da street address
	Altamonte Springs	, Florida ³²⁷¹⁴ Zip Code
	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>	Name	Address	Type of Action
			Change
			Remove
			Change
			☐ Remove
			Change
			O Add
			Remove
			☐ Change
		Add	
		☐ Remove	
			☐ Change
			
			Remove
			□ Change

Note:	tive date, if other than the date of filing:
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
Dated	7/3/19
	Signature of a niember or authorized representative of a member
	Jimmy Brandti Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00