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COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	NBM Qualify Name of Limit	Paristying LLC.		
The enclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.		
Please return all correspon	ndence concerning this matter t	o the following:		
	ivilliam 6	Danilla Martinet Name of Person		
		Name of Person		. •
		Firm/Company		
		1 irm/Company		
	13000 NW	Micimi CT Address		
		Address		
	Kilarni	FC 33168		
		City/State and Zip Code		4
	DEMEQUET E-mail address: (t	FC 33168 City/State and Zip Code ing COID @ Holmail Co o be used for future annual report notific	cation)	
For further information co	oncerning this matter, please ca			55
William B Name o	Conilla Martinez Person	at (<u>786)</u> <u>538 8</u> Area Code Daytime	394 Telephone Number	
Enclosed is a check for th	ne following amount:			
\$25.00 Filing Fee	§ \$30.00 Filing Fee & Certificate of Status	h \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	¥ 560.00 Filing Fee Certificate of Sta Certified Copy (additional copy is ea	itus &

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

Florida document number L18000 284043 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "I muted Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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	Membe	r

<u>Title</u>	Name	<u>Address</u>	Type of Action
			# Add
			#IRemove
			# Change
			# Remove
			# Change
			# Add
			# Change
- 			.# Add
			# Remove
			# Change
			\$ Remove
			\$.Change
			# Add
			Remove
			# Change

h	Puthonized Person as Manager (MGR) you need to and as Second (ast name, ties Full name is William Bonilla Martinez
1	ois Second Cast name.
Ŀ	lis Full name is William Bonilla Martinez
	·
-	
etive	date, if other than the date of filing:
<u>e:</u> If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list of selfective date on the Department of State's records.
шен	s effective date on the Department of State's records.
v.i	December 18 2018
	Signature of a member of authorized representative of a member
	$\alpha \rightarrow \sigma \tau + \sigma \tau$

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Filing Fee: \$25.00