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S. YOUNG

COVER LETTER

TO:				* \$
Division of Corporations SUBJECT: NIKMATI LUC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Cotteban Aloi A Name of Person Firm/Company 19300 NE 22rd AVE Address MIAMI FC 33170 Citt/State and Zip Code TANO 1938 D. G. MAIL. Con E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cotteban Aloi A Name of Person at (954) 394-5938 Daytime Telephone Number Enclosed is a check for the following amount:				
		Name of Lim	ited Liability Company	
The en	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
	Division of Corporations UBJECT: NIKMATI LUC Name of Limited Liability Company the enclosed Articles of Amendment and fec(s) are submitted for filing. lease return all correspondence concerning this matter to the following: CSTEDEN ALOIA Nathe of Person Firm/Company 19300 NC 22nd AUC Address MIAMI FL 33130 City/State and Zip Code TANO 1988 C CMAIL. Con E-mail address; (to be used for future annual report notification) or further information concerning this matter, please call: CSTEDEN ALOIA Name of Person at (95) Area Code Daytime Telephone Number Area Code S55.00 Filing Fee Certificate of Status & Certificate Copy (additional cupy is enclosed)			
			Name of Person	
			• •	
		19300 NE	22nd AVE	
		MIAMI F	33180	
		Name of Limited Liability Company so of Amendment and fee(s) are submitted for filing. Espondence concerning this matter to the following: Espondence concerning this matter to the following: Firm/Company 19300 NE 22 AVE Address MIAMI FC 33130 City/State and Zip Code TANO 1938 O GMAIL. Con E-mail address: (to be used for future annual report notification) on concerning this matter, please call: ALOIA at GMAIL. Con Daytime Telephone Number or the following amount: S30.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)		
For fur	ther information co			·
<u> Ei</u>			/	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for the	e following amount:		
⊠ \$25	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

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NIKMATI W	, l
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	inv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1900056654	were filed on 2/26/2018 and assigned on the second of the
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 abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	19300 NE 22 nd AUE MIANI FL 33180
(Frincipal office address WOST BE A STREET ADDRESS)	114.71
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	19200 NE 22 nd AVE 19200 NE 33180
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the name of the new e:
Name of New Registered Agent: 7ANO	MANAGENENT W NE 27th AVE
New Registered Office Address: / 3505	Enter Florida street address
<u> </u>	Florida Street address Florida 33185
New Registered Agent's Signature, if changing Registered Agent:	, some

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 ponfirm 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 = M $AMBR = A$	danager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>M6R</u>	DIEGO XAVIER	19300 NE 22md AVE	Þ Add
	OBERWANDLING	M1491, FL 33180	Remove
. 4			Change
M6/2	CASTRO, GISUA,	F_19300 NE 22 MAVE	Add
		7,491, FL 33180	Remove
			Change
			□ Add
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(If an effect Note: If	e date, if other than the date of filing:	207 (as t
the reco The 9	and specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier 00 th day after the record is filed.	of
Dated _	$8/19$ $\frac{2019}{100}$	
	Signature of a member or authorized representative of a member	
	GISTEA F. USTRO 76R	

Page 3 of 3

Filing Fee: \$25.00