L200000 45636

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SECRETARY OF STATE TALLAHASSEE. FLORIO!

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COVER LETTER

Tallahassee, FL 32314

TO: Registrat Division	tion Section of Corporations							
SUBJECT:	NATIONAL	HOME	Burins	GP	# 7			
		Name o	f Limited Liability	Company				
The enclosed Artic	eles of Amendment	and feets) are	· submitted for !	īlina				
riease feturn an cc	orrespondence conc	erning uns m	atter to the fono	wing.				
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		E-mail addr	ess: (to be used for	r future annu	al report noti	けいない)	<u>. com</u>	
For further informa	ation concerning thi	s matter, plea	ise call:					
MEIR	Yame of Person	BAUM	at (305,	721	740	8	
7	Name of Person		•	Vrea Code	Daytin	e Telephor	ne Number	
Enclosed is a chec	k for the following							
□ \$25.00 Filing	Fee S30,00 Certif	Filing Fee & Teate of State	is Cert	00 Filing Fed ified Copy tional copy is e			\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing A					Address:			
~	ition Section of Corporation:	S		Registration Section Division of Corporations				
P.O. Bo	-				Centre of T			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NATIONAL HOME BUT		•		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	<u>as it now app</u> ability Company	ears on our records.)		
The Articles of Organization for this Limited Liability Company w Florida document number <u>L 2 00000 45636</u>	rere filed on _	02107120	20 and a	ssigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	ty company	<u>here</u> :		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the	e designation "LLC" or	the abbreviation '	'L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			- 57 0, - <u>88</u>	
			SECRETANA	**************************************
Enter new mailing address, if applicable:		-	-2 SSE SSE	prom -
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	j~Y~;
			- 55 6:	•~
			52 10/	
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our	records, <u>enter the</u>	name of the n	ew registere
Name of New Registered Agent:				
New Registered Office Address:				
	Enter F	lorida street address	· -	
			laZip Coa	<u>. </u>
	City		Zip Coa	'e'
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	erformance (ovided for in	of my duties, and I Chapter 605, F.S.	am familiar w . Or, if this do	with and cument is
being filed to merely reflect a change in the registered office a	ddress, I her	eby confirm that th	he limited liab	ility

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	MEIR S. TENENBAUM	Miami Bea. 4340 N. Michigan Ave, FL)33	K 140 Дааа
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ective date, if other n effective date is listed.	r than the date of the date must be specif	filing:	ior to date of filing	or more than 90 da	(optional) ys after filing.)	Pursuant to	605.020
ote: If the date inserte cument's effective da				rung requiremen	us, this date w	ill not be	nstea (
ecord specifies a dela is filed.	yed effective date, bi	ut not an effectiv	e time, at 12:01 a	n.m. on the earlie	of: (b) The	90th day a	fter th
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