Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000387598 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GRAYROBINSON, P.A.

Account Number: I20010000078

Phone

: (407)843-8880

Fax Number

: (407)244-5690

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NNN1901, LLC

0	
1	
03	
\$55.00	SULKER
	\$55.00

NOV 1 0 2020

(((H20000387598 3)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NNN1901, LLC		
(Name of the Limited (A	Liability Company as it now appears on our Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liab.  Florida document number L20000280638	ility Company were filed on09/15/2020	and assigned
riorida document number	'	
This amendment is submitted to amend the follows	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word	Is "Limited Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET	ADDRESS)	<del></del>
		117 23.50 3.50 3.50
Enter new mailing address, if applicable:	<u></u>	
(Mailing address MAY BE A POST OFFICE BO	OX)	\(\sigma_{\text{in}}\)
		100 mm
,		
B. If amending the registered agent and/or regi		enter the name of the new registered
agent and/or the new registered office address h	nere:	> T
Name of New Registered Agent:		· <del></del>
New Registered Office Address:		
	Enter Florida street	address
		, Florida
	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.

## n amening Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MCR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	NASRALLAH, SAMEER N	480 Spoonbill Lane	
		Melbourne, Beach, FL 32951	=Remove
	Sameer Nasrallah, as Trustee of the NNNDeal Trust dated October		☐ Change
AMBR	15, 2020, f/b/o Sameer Nasrallah, et al.	480 Spoonbill Lane	\= Add
		Melbourne, Beach, FL 32951	
			□ Add
			Remove
			Change
			□Remove
			☐ Change
			□Remove
			☐ Change
			DAdd
			□Remove
			Change

(((H20000387598 3)))

				re: (Attach addi			_
							_
				<del></del>			-
							_
							•
							-
							_
	<del></del>	<del></del>					-
							_
							_
							-
		<del></del>				<del></del>	_
							_
					,		_
	_						
					<del></del>		<b>~</b>
							_
		•					
on t	effective date is listed :: If the date insert	er than the date of f , the date most be specified in this block does a ate on the Department	ic and cannot be pri- not meet the appl	or to date of filing of icable statutory fi	more than 90 days aft	tional) ter filing.) Pursuant to 60 his date will not be lis	05.0207 sted as
	ord specifies a dela filed.	yed offective date, bu	t not an effective	time, at 12:01 a.r	n. on the earlier of:	(b) The 90th day aft	ter the
alc	d Nove	18en 3	2020	<u>.                                    </u>			
	- <del></del>	0	1				
		a /	1 1/1	<u>_</u>			
	<u>X</u>	Dancer 1	anula	harinad americania	ive of a mamber		
	x X	Signature Signature	of a member or su	thorized representat	ive of a member		

Filing Fee: \$25.00