120000314529

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2022 FEB | 4 AM ||: | 8 SECRETARY OF STATE TALLAHASSEF, FI

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A. BUTLER FEB 2 5 2022

COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Co		,	
NSR Realt	y & Investments, LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Roy A. Koster, Jr.		
		Name of Person	
	NSR Realty & Investment	s, LLC	
		Firm/Company	
	265 NW 190th Street		
		Address	
	Miami Gardens, FL 33169		
	·	City/State and Zip Code	
	info@nsrrealty.com F-mail address: (to be used for future annual report no	stification)
For further information of	concerning this matter, please c		
Roy A. Koster, Jr.		305 525-6668 at ()	
Name o	of Person		me Telephone Number
Enclosed is a check for t	he 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 Addres Registration		Street Address: Registration S	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

NSR Realty & Investments LLC

2022 FEB 14 AM 11: 18

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our (Expres)	ARY OF CTATE
(A Florida Limited I	TALLA	HASSEE, FL
The Articles of Organization for this Limited Liability Company Florida document number L20000314529	were filed on October 5, 2020	and assigned
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 Liabit	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	18786 NW 79th Way	
Principal office address MUST BE A STREET ADDRESS)	Hialeah, FL 33015	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the</u>	name of the new regis
N Bistared Office Address:		
New Registered Office Address:	Enter Florida street address	
New Registered Office Address.	Enter Florida street address	ia

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 a'mending 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Add
			□Remove
			□Change

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E. Effective date, if other than the date (If an effective date is listed, the date must be a Note: If the date inserted in this block)	e of filing: specific and cannot be prior to date of does not meet the applicable state	(optional) filing or more than 90 days after filing.) Pursuant to 605.0207 (3), atory filing requirements, this date will not be listed as the
document's effective date on the Depart	tment of State's records.	
If the record specifies a delayed eff (b) The 90th day after the record		fective time, at 12:01 a.m. on the earlier of:
Dated December 15th	2021	
Sign	nature of a prember or authorized rep	resentative of a member

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Typed or printed name of signce

Filing Fee: \$25.00