Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

<u>:</u>

Account Name : PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT P.L.

Account Number : I20040000167 Phone : (305)377-0809 Fax Number : (305)377-0781

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

Email Address: Colporate & PbyAlaw.Com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NOMI HOLDING GROUP 2 LLC

Certificate of Status	l
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

NOMI HOLDING GROUP 2 LLC	ited Liability Compa (A Florida Limited L	ny as it now appear Jability Company)	s on our records.)	
The Articles of Organization for this Limited I				
Florida document number L22000094492	······································			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liahi	lity company he	ro.	
3. If alliending frame, circle fiew frame,	or the number man	nty company ne	<u>10.</u>	
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the d	esignation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		250 NE 25 Street, Suite 203, Miami, FL 33137		
(Principal office address MUST BE A STRE				
Enter new mailing address, if applicable:		250 NE 25 Street, Suite 203, Miami, FL 33137		
(Mailing address MAY BE A POST OFFICE	E BOX)			
B. If amending the registered agent and/or agent and/or the new registered office address.	•	iddress on our re	ecords, enter the name of the new regist	
	_ <del></del>			
Name of New Registered Agent:	PBYA Corporate Services, LLC			
	200 South Andr	rews Avenue, Suite	: 600	
New Registered Office Address:			ida street address	
	Fort Lauderdale		, Florida 33301 Zip Code	
		City	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:			

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	Member

<u>Title</u>	Name	Address	Type of Action
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D. If amending any other in	•		•	·
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Note: If the date inserted in	date must be specific and cannot be this block does not meet the in the Department of State's re	oe prior to date of filing or applicable statutory fil		ig.) Pursuant to 605.0207 (3)(
f the record specifies a delayed ecord is filed.	effective date, but not an effe	ctive time, at 12:01 a.m	i. on the earlier of: (b)	The 90th day after the
September 29th	2022	//		
Dated				
	Signature of a menuber	or authorized representati	ve of a member	

Typed or printed name of signee