## L22000388709

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## **QWIK COURIER**

850-284-4584

Shovel Pinnos 954-224.6010

PLEASE PROCESS THE FOLLOWING.

PLEASE DO NOT PUT OUR NAME ON COVER LETTER PLEASE USE NAME ON THE REQUEST.

PLEASE PUT IN OUR BOX WHEN COMPLETED

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DOC#	N Laa	1 60038870	9
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## COVER LETTER

TO: Registration Sect Division of Corpu			
SUBJECT: NOY	'i Hilding	3 LLC	
SUBJECT: 190		mted Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	NECHAM	A PINHAS Name of Person	
	Nuri	HUIDINGS LLC	- <del>-</del>
	4415 Sh	1491x Ct	
	Fort Lau	Ochale FL 33	314
	HOLDINGS IIC	hone O Small. Co	O Ph
For further information con	cerning this matter, please c	all:	
Shouci Pir	7ん会力 crson	at Asa Code Dayum	6010 e Telephone Number
Enclosed is a check for the	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)
<u>Mailing Address:</u> Registration Sec Division of Cor		<u>Street Address:</u> Registration Sec Division of Cor	porations
P.O. Box 6327		The Centre of T	allahassee e Street, Suite 810
Fallahassee, FL	07014	Tallahassee, FL	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED **OF** 

NURI Holdings L	LC 2022 DEC 16 PH 12: 39
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.) (y Company)
The Articles of Organization for this Limited Liability Company were	tiled on September 6 2012 and assigned
Florida document number $L22000388709$ .	
This amendment is submitted to amend the following:	• .
A. If amending name, enter the new name of the limited liability of	company here:
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	•
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address here:	ess on our records, enter the name of the new registers
A CALL D. CALLADAMA	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	171avida
	in Zip Code
Non- Davistaged Agent's Signature, if changing Registered Agent:	

Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with t 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 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

Title	Name	Address	Type of Actio
MCR	ShovalPinhas	4415 SW49t (+ Ft. lauderdale FL 33314	_ SAdd
		FL 33319	_ = Remove
			_ Change
MGB	MAHAR PINHAS	4415 SW 49th Ct Flaudera	he Cardo
		FL 33314	
			_ Change
			_⊟Add
			□Remove
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			<b>E</b> Remove
			□Change
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			<b>TRemove</b>
			□ Change
			□Add
and a second	The property of the second		□Change

		*
renective date is us	ther than the date of filing: 12/16/2022  sed, the date must be specific and cannot be prior to date of filing or more than serted in this block does not meet the applicable statutory filing require date on the Department of State's records.	(optional) 90 days after filing a Pursuant to 605 07 ements, this date will not be listed
cord specifies a d s filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the e	arlier of: (b) The 90th day after th
ed\}_/	16/23	
	\ ( \tilde{y} \cdots	
	Signature of a member or authorized representative of a me	mber