L23000014278

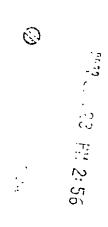
(Requestor's Name)	
(Address)	
(Address)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
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(Document Number)	
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Office Use Only



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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

01/23/23

NAME: NIA INTERNATIONAL LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

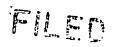
AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

NIA DITE	DNIATIONIALLIC				
SUBJECT:					
	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	SALMA ISMAIL				
		Name of Person			
	NIA INTERNATIONAL	LLC			
		Firm/Company			
	8880 MIRAMAR PKWY				
		Address			
	MIRAMAR, FL 33025				
		City/State and Zip Code	··		
	AHSBIZ@GMAIL.COM				
For further information of	e-mail address: (concerning this matter, please c	to be used for future annual report noti	tication)		
SUNIL RAMCHANDA	NI	954 5842088 at ()			
Name of Person		Area Code Daytime Telephone Number			
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is encled)		
Mailing Address		Street Address:			
Registration (Division of C		Registration Sec Division of Cor			
P.O. Box 632	27	The Centre of T	-		
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

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



NIA INTERNATIONAL LLC

2023 JAN 23 AH 8: 39

(Name of the Limited Liability Con	npany as it now appears on our rec	Prestant -
(<u>Name of the Limited Liability Con</u> (A Florida Limit	ed Liability Company)	TALLARY SE STATE
he Articles of Organization for this Limited Liability Compa	ny were filed on 01/06/2023	and assigned
orida document number L23000014278		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited li	ability company here:	
•		
ne new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "L	LC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS		
		
nter new mailing address, if applicable:	 	
Mailing address MAY BE A POST OFFICE BOX)		
		At
. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records, <u>ent</u>	er the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street add	ress
New Registered Office Address.		ress Florida Zip Code

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 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	SALMA ISMAEL	1000 SW, 191 AVE	□Add
		PEMBROKE PINES, FL 33029	■ Remove
			Change
MGR	SALMA ISMAIL	1000 SW, 191 AVE	⊟ Add
		PEMBROKE PINES, FL 33029	□Remove
			Change
			□ Add
			□ Remove
			□Change
			□ Add
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Fective date, if other than the of a reffective date is listed, the date must tee: If the date inserted in this blocument's effective date on the Department's	k does not meet th	ne applicable s	e of filing or mor statutory filing	e than 90 days aft requirements, th	tional) er filing.) Pursuant nis date will not l	to 605.020 be listed as
ecord specifies a delayed effective s filed.	date, but not an ef	fective time, a	t 12:01 a.m. or	the earlier of:	(b) The 90th da	y after the
JANUARY 19TH	202	23				
ted JANUARY 19TH	(Smal)					

Filing Fee: \$25.00