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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : I20170000056 Phone : (954)842-2931 Fax Number

: (954)842-2936

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

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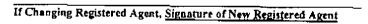
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## **COVER LETTER**

TO: Reg Div	gistration Section vision of Corporations	
SUBJE <b>C</b> Ÿ:	NPCUSA, L.L.C.	g g g g g g g g g g g g g g g g g g g
SUBJECT:	Name of	Limited Liability Company
The enclosed	d Articles of Amendment and fee(s) are	submitted for filing.
Please return	all correspondence concerning this ma	atter to the following:
	KATSNELSON, MIC	CHAEL
		Name of Person
	NPCUSA, L.L.C.	
		Firm/Company
	16500 COLLINS AV	E 256
		Address
	SUNNY ISLES BEA	CH, FL 33160
	180074(3)	City/State and Zip Code
	ad80974@yahoo.com E-mail addre	ss: (to be used for future annual report notification)
For further in	formation concerning this matter, pleas	se call:
KATSNELS	SON, MICHAEL	609 509-5056
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:	
\$25.00 Fi	iling Fee	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regi Divi P.O.	ing Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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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	<u>Name</u>	Address	Type of Action
AMBR	STARTSEV, NIKOLAI	16500 COLLINS AVE, STE 256	■Add
		SUNNY ISLES BEACH, FL 33160	□Remove
			□ Change
			□Add
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No.			□ Add
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record specifies a delay it is filed.					

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