

M19 000000555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

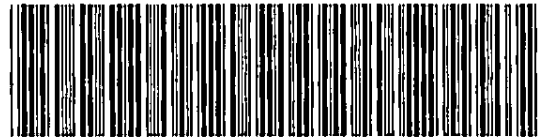
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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CLERK OF SUPERIOR COURT
ALABAMA

O SIMMONS

MAY 21 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2019

MARC KLEINER
2999 NE 191ST STREET, STE 402
AVENTURA, FL 33180

SUBJECT: NMB PARTNERS LLC
Ref. Number: M19000000555

We have received your document for NMB PARTNERS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 119A00008962

RECEIVED

MAY 20 2019

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 18, 2019

MARC KLEINER
2999 NE 191ST STREET, STE 402
AVENTURA, FL 33180

SUBJECT: NMB PARTNERS LLC
Ref. Number: M19000000555

We have received your document for NMB PARTNERS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 219A00007930

2019 APR 18 PM 2:05

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NMB Partners LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marc Kleiner
Name of Person

Firm/Company

2999 NE 191st Street, Ste 402
Address

Aventura, FL 33180
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marc Kleiner at (305) 517-1392
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: NMB Partners LLC

Enter new principal office address, if applicable: 1922 NE 149th Street

(Principal office address

MUST BE A STREET ADDRESS)

North Miami, Florida 33181

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

1922 NE 149th Street

North Miami, Florida 33181

2. The Florida document number of this limited liability company is: M19000000555

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 1/16/19

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Kenneth Israel

New Registered Office Address: 1250 E. Hallandale Beach Blvd

Enter Florida Street Address

Hallandale Beach

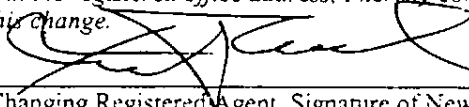
City

Florida 33009

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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<u>AP</u>	<u>Mike Verdeja</u>	<u>7700 North Kendall Drive Ste 705</u>	<input type="checkbox"/> Add
		<u>Miami, FL 33156</u>	<input checked="" type="checkbox"/> Remove

<u>AP</u>	<u>Mario Fernandez</u>	<u>7700 North Kendall Drive Ste 705</u>	<input type="checkbox"/> Add
		<u>Miami, FL 33156</u>	<input checked="" type="checkbox"/> Remove

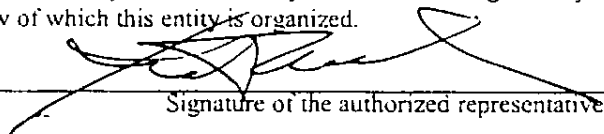
<u>AP</u>	<u>Eugenio Coculluela</u>	<u>7700 North Kendall Drive Ste 705</u>	<input type="checkbox"/> Add
		<u>Miami, FL 33156</u>	<input checked="" type="checkbox"/> Remove

<u>MGR</u>	<u>Kenneth Israel</u>	<u>1250 E. Hallandale Beach Blvd</u>	<input checked="" type="checkbox"/> Add
		<u>HALLANDALE BEACH, FL 33009</u>	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

FILED
 MAY 20 PM 4: 43
 HALLANDALE BEACH, FL 33009

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Kenneth Israel

Typed or printed name of signee

Filing Fee: \$25.00