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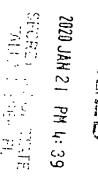
| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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## **COVER LETTER**

TO:

| TO:    | Registration Se<br>Division of Cor |  |   |  |
|--------|------------------------------------|--|---|--|
|        | NowVertic                          | al LLC.                                      |   |  |
| SUBJ   | ECT:                               |  |   |  |
|        |                                    | Name of Lim                                  | ited Liability Company  |  |
| The er | nclosed Articles of                | Amendment and fee(s) are sub                 | mitted for filing.  |  |
| Please | return all correspo                | endence concerning this mutter               | to the following:   |  |
|        |                                    | Daren Trousdell                              |   |  |
|        |                                    |  | Name of Person  | <del></del>  |
|        |                                    | NowVertical LLC.                             |   |  |
|        |                                    | -  | Firm/Company  | <del> </del>   |
|        |                                    | 138 Blanca Isles Ln                          |   |  |
|        |                                    |  | Address   |  |
|        |                                    | Jupiter FL 33478                             |   |  |
|        |                                    | daren@ nowvertical.com                       | City/State and Zip Code   | <del>-</del>   |
|        |                                    | E-mail address: (                            | to be used for future annual report notific                         | ration)  |
| For fu | rther information c                | oncerning this matter, please c              | all:  |  |
| Krist  | ine Trousdell                      |  | 516 521-7264  |  |
|        |                                    |  | at ()   | Telephone Number   |
|        | Name o                             | f Person                                     | Area Code Daytime   | Telephone Number   |
| Enclos | sed is a check for th              | ic following amount:                         |   |  |
| □ \$3  | 25.00 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) |
|        | Mailing Addres                     |  | Street Address:   | :  |
|        | Registration S  Division of C      |  | Registration Sect Division of Corp                                  |  |
|        | P.O. Box 632                       |  | The Centre of Ta  |  |
|        | Tallahassee, I                     |  | 2415 N. Monroe  | Street, Suite 810  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compa<br>(A Florida Limited I   | ny as it now appears on our recor     | <u>'ds.</u> )               |
|--|---------------------------------------|-----------------------------|
| (A Florida Limited I   | uability Company)                     |                             |
| The Articles of Organization for this Limited Liability Company  | and assigned                          |                             |
| Florida document number  |                                       |                             |
| This amendment is submitted to amend the following:  |                                       |                             |
| A. If amending name, enter the new name of the limited liab  | ility company here:                   |                             |
| NowVerticalRE LLC.   |                                       |                             |
| The new name must be distinguishable and contain the words "Limited Liabil   | ity Company," the designation "LLC    | :::: <u>::::</u>            |
| Enter new principal offices address, if applicable:  | 138 Blanca Isles Ln                   | 20 J.                       |
| Principal office address MUST BE A STREET ADDRESS)   | Jupiter, FL                           | 2                           |
|  | 33478                                 |                             |
| Enter new mailing address, if applicable:  | 138 Blanca Isles Ln                   |                             |
| Mailing address MAY BE A POST OFFICE BOX)  | Jupiter, FL                           | <del></del>                 |
| Mulling address MAT BE A POST OFFICE BOX   | 33478                                 |                             |
| 3. If amending the registered agent and/or registered office a gent and/or the new registered office address here: | ddress on our records, <u>enter</u>   | r the name of the new regis |
| Name of New Registered Agent:  |                                       |                             |
| New Registered Office Address:   | , , , , , , , , , , , , , , , , , , , |                             |
|  | Enter Florida street addre            | .55                         |
| <del></del>  | , FI                                  | lorida                      |
|  | City                                  | 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

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>        | <u>Address</u>                         | Type of Action |
|--------------|--------------------|--|----------------|
| AMBR         | Kristine Trousdell | 138 Blanca Isles Ln, Jupiter, FL 33478 | <b>=</b> Add   |
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| ective date, if other than the neffective date is listed, the date must be after the date inserted in this blocument's effective date on the Decument's | t be specific and cannot be p<br>ock does not meet the app | dicable statutory fi                  | (option<br>or more than 90 days after to<br>lling requirements, this of | ling.) Pursuant to 605.02 |
| ecord specifies a delayed effective is filed.   | e date, but not an effectiv                                | e time, at 12:01 a.i                  | n. on the earlier of: (b)   | The 90th day after th     |
| March 15  | 2019   |                                       |   |                           |
|   |  |                                       |   |                           |
|   | Signature of a member of a                                 |                                       |   |                           |