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			COVER LETTER ,	
TO:	Registration Sect		*	
	Division of Coppo	rations	ı	# town
SUBJF	CCT:	Nats E	States PLLC  nited Liability Company	
The end	closed Articles of Ar	mendment and fee(s) are sub	omitted for filing.	
Please 1	return all correspond	ence concerning this matter	to the following:	
		Natalie	Lawth Name of Person	<del></del>
			Firm/Company	
		1690 Renaissan	ce Commons Blvd A	pt 1205
		Boynton	Beach, Florida, 3' City/State and Zip Code	3426
	-	Pat E-mail address: (	ster 584 @icloud.co	ication)
For furt	her information cond	erning this matter, please c		,
	Natalie	, , , , ,		7164
	Name of Pe	rson	at ( <u>561)</u> <u>927</u> = Area Code Daytime	Telephone Number
Enclose	d is a check for the f	ollowing amount:		
<b>&amp;</b> \$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 ADDRESS:

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

imited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida document number L19001159826 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: 1690 Renaissance Commons

Enter Florida street address New Registered Office Address:

## 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 = M $AMBR = A$	lanager uthorized Member			
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