L21000221411

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COVER LETTER

-	ision of Co			••	
SUBJECT:	N8159A L	L.C			
.,on,ici,			nited Liability Company		
The enclosed	l Articles of	Amendment and fec(s) are sul	bmitted for filing		
			<u>-</u>		
ricase return	i aii correspe	ondence concerning this matter	r to the following:		
		JAMES COAN			
			Name of Person		
		N8159A LLC			
			Firm/Company		
		2902 CAPTAINS WAY			
			Address		
		JUPITER, FL 33477			
		JCOAN61@GMAIL.COM	City/State and Zip Code		
			to be used for future annual report	notification)	
For further in	formation c	oncerning this matter, please c	all:		
JAMES COA	AN		516 662-4750		
_	Name o	f Person	at () Area Code Day	time Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	iling 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)	
	ling Addres		Street Address		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O	. Box 632	7	The Centre o	t Tallahassee	
Tall	ahassee. I	FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

N8159A LLC		
(<u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on our records.) .imited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number 1.21000221411	mpany were filed on MAY 121, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u> </u>	7.67
		~5
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	1	
3. If amending the registered agent and/or registered of gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	office address on our records, <u>enter the</u> na	me of the new register
	Enter Florida street address	
_	Florida	
	('ity	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>	Address	Type of Action
MGR	LARRY DEZIEL	9177 SE RIVER TERRACE	□Add
		JUPITER, FL 33469	5 0
			□Change
AMBR	THE SHAMROCK GROUP LLC	2902 CAPTAINS WAY	≡ Add
		JUPITER, FL 33477	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Change

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		<u>_</u>		
fective date, if other than the da	ate of filing:	MBER 6, 2023	(optio	1al)
an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Department.	e specific and cannot be p k does not meet the app	plicable statutory f	r more than 90 days after t	ling A Pursuant as 605 0207
record specifies a delayed effective d is filed.	ate, but not an effectiv	re time, at 12:01 a.i	n, on the earlier of: (b)	The 90th day after the
NOVEMBER 6	2023			
	· -	/、		
	~>	(mar)	\	

Typed or printed name of signee