## H21 000375971

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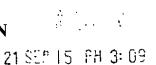
## **COVER LETTER**

TO:

TO: Registration Se Division of Cor				
Nela Financ	cial Company LLC			
SUBJECT:Name of Limited Liability Company				
T		· 10 61		
	Amendment and fee(s) are sub	-		
Please return all correspo	ondence concerning this matter	to the following:		
	Yunianela Proenza Sanche	27.		
		Name of Person		
	Nela Financial Company I	rrc		
		Firm/Company		
	13151 SW 62nd Ter apt 20	02		
		Address		
	Miami, Fl 33183			
		City/State and Zip Code	<del></del>	
	yunianelap@gmail.com		<u> </u>	
		to be used for future annual report no	tification)	
For further information c	oncerning this matter, please c	all:		
Yunianela Proenza Sanci	hez	786 829 8944		
Name o	f Person		me Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$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		Street Address:	action	
Registration Section Division of Corporations		<del>-</del>	Registration Section Division of Corporations	
P.O. Box 632	-	The Centre of	•	
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Nela Financial Company LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limite	ed Liability Company)	
The Articles of Organization for this Limited Liability Comparing Florida document number L21000375971	ny were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designati	on "LLC" or the abbreviation "L.L.C."
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 agent and/or the new registered office address here:	ee address on our records	s, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
		, Florida
<del></del>	City	Zip Code
New Registered Agent's Signature, if changing Registered Ager	nt:	

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 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 $AMBR = A$	Aanager Authorized Member	Address 15 FH 3:09	
<u>Title</u>	<u>Name</u>	Address 15 FH 3: 05	Type of Action
MGR	Yunianela Proenza Sanchez	13151 SW 62nd Ter Apt 202	<b>∃</b> Add
		Miami, Florida 33183	□Remove
		<u> </u>	Change
MGR	Jennyfer Mena	13151 SW 62nd Ter Apt 202	
	Miami, Florida 33183	≣Remove	
		Change	
	<del> </del>	□Remove	
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<u>.</u>	, enter change(s) here: (Attach additional sheets, if necessary.)
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. Effective date, if other than the dat (If an effective date is listed, the date must be s Note: If the date inserted in this block document's effective date on the Depart	e of filing:
the record specifies a delayed effective date cord is filed.	te, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated September 8	. 2021
	EHE:
Sign	nature of a member or authorized representative of a member
Jennyfer Mena	
	Typed or printed name of signee

Filing Fee: \$25.00