L22000013151

(Req	uestor's Name)			
(Add	ress)			
(Add	ress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to F	iling Officer:			

Office Use Only



400401432044

02/01/23--01025--001 +*30.00

SECULIARY OF STATE

023 FEB - | AM 9: 2

January 31, 2023

9712768 LLC Narvilla Rabe 17110 Valley Dr Omaha, NE 68130

Registration Section Division of Corporations PO Box 6327 Tallahassee. FL 32314

RE: Amend Articles of Organization

We wish to change the authorized manager for the above LLC.

The registered agent is Cross Street Corporate Services, LLC, 200 S Orange Ave, Sarasota, FL

Enclosed are the required forms. My phone number is 402-690-2800 if there are any questions

Sincerely,

Narvilla Rabe, Mgr

2023 FEB - 1 AM 9: 26 SECK 1/LR / OF STATE

COVER LETTER

	Registration S Division of Co				
SUBJEC	97127681.I	ı.C.			
SUBJEC	<u></u>	Name of Lim	ited Liability Company		
The engle	osed Articles of	Amendment and fee(s) are sub	mitted for filing		
		ondence concerning this matter			
		Narvilla Rabe			
			Name of Person		
		9712768LLC			
			Firm/Company		
		17110 Valley Dr			2
			Address		023 F SECF
		Omaha NE 68130			18 . EB
			City/State and Zip Code		
		narrabe 10@ gmail.com			रेलि 🕿
For furthe	er information :	E-mail address: (concerning this matter, please c	to be used for future annual report notificall:	ation)	2023 FEB - I AH 9: 26 SECRETARY OF STATE TALLATASSEE, FL
Narvilla	Rabe		402 690-2800		
	Name	of Person	at () Area Code Daytime T	Felephone Number	************
Enclosed	is a check for t	the following amount:			
	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
	Mailing Addre Registration Division of O P.O. Box 63	Section Corporations	Street Address: Registration Sect Division of Corpo The Centre of Ta	orations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

9712768LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	oany as it now appears on our recor Liability Company)	<u>(ds.</u>)
he Articles of Organization for this Limited Liability Compan lorida document number $\frac{1.22000013151}{1.000013151}$.	y were filed on January 17, 2023	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LL	.C" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		023 F
Inter new mailing address, if applicable:	9712768LEC	
Mailing address MAY BE A POST OFFICE BOX)	17110 Valley Dr	
	Omaha NE 68130	
6. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>ente</u>	r the name of the new registo
New Registered Office Address:		
	Enter Florida street addr	PSS
	. F	Florida Zip Code
	cui	z,qr Come

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	Narvilla Rabe	17110 Valley Dr.: Omaha NE: 68130	≣Add
			□Remove
			□Change
MGR	Ronald Rabe	17110 Valley Dr. Omaha NE. 68130	■Add
			□Remove
			□Change
A/R	Kurt Tjaden	1125 S 103rd St. Omaha, NE, 68124	□Add
			■Remove
		Change SECRET	
 			The Thomas
			OF STATE
		<u>·</u>	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 1-31-2023 E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Filing Fee: \$25.00