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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: 5	a Migh Floral Name of Lim	NGF+2 LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Refer thou	L MCloys.  Name of Person	n cla. Y
	-	Firm/Company	
	7929 Se	Address	
	Sackson	City/State and Zip Code	4
	E-mail address: (	to be used for future annual report notific	cation)
For further information of	oncerning this matter, please ca	all:	
Name o	f Person	at (104) 29 H Area Code Daytime	& 1 Z / Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fcc	☐ \$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 Registration S Division of C	Section	Street Address: Registration Sect Division of Corp	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited Liabilit	• •
The Articles of Organization for this Limited Liability Company were Florida document number <u>L 2 3001483</u> .24	filed on $\frac{03/23/2073}{3}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of Same and Floral Al G. F12LL C.  The new name must be distinguishable and contain the words "Limited Liability Contains the words "Limited Liability Contains the words".	<del></del>
The new name must be distinguishable and contain the words "Limited Liability Content new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	npany," the designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	S PH 4: 06 ASSEE, FI
B. If amending the registered agent and/or registered office addre agent and/or the new registered office address here:	ss on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: Perel-Ko  New Registered Office Address: 2285 K3	My S. nclar S. nclar S. nclar S. nclar S. nclar Enter Florida street address K. , Florida 37273 ity Zip Code
O YONGE POY  O  New Registered Agent's Signature, if changing Registered Agent.	K, Florida 373 73

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

AMBR = Au	ithorized Member			Type of Action
<u>Title</u>	<u>Name</u>		Address	Type of Action
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