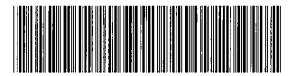
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(Requestor's Name)
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PICK-UP WAIT MAIL
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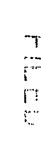
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SECRETARY TO PM 5: 21

SECRETARY TO PM 5: 21





COVER LETTER

Division of Co					
SUBJECT: NESS HO	OLDINGS LLC				
SUBJECT.	Name of Lin	nited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	pondence concerning this matter	to the following:			
	Nalisa Williams				
		Name of Person			
	NES8 HOLDINGS LLC				
		Firm/Company	"-		
	4604 49th Street North Ste. 1477				
		Address	· · · · · · · · · · · · · · · · · · ·		
	St. Petersburg, FL 33709				
		City/State and Zip Code			
	E-mail address: (to be used for future annual re	eport notification)		
For further information	concerning this matter, please c	all:			
Nalisa Williams		727 481-	-1803		
Name	of Person	Area Code	Daytime Telephone Number		
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &		
Mailing Addre		Street Ade			
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 63	27	The Centre of Tallahassee			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NES8 HOLDINGS LLC				
(<u>Name of the Limited Liability</u> (A Florida)	Company as it now appears on our Limited Liability Company)	records.)		
The Articles of Organization for this Limited Liability Co	ompany were filed on 5/01/2023		and assigned	
Florida document number L23000212277				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company here:			
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation	"LLC" or the abbrevi	ation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRI	ESS)	···	2023 ALL/	
			35.5	
			75 TO 1	ا ۔۔
Enter new mailing address, if applicable:		<u> </u>	.i. Q	_[
(Mailing address MAY BE A POST OFFICE BOX)		, -	. 3x	
			<u>ن کر</u> کن	`.
	55			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records,	enter the name of	the new regist	terec
Name of New Registered Agent:				_
New Registered Office Address:	Enter Florida street	nddrase		_
	mar i oriui sireei			
	. City	, Florida 	p 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	Nicholas Nesbitt	4604 49th Street North #1477	_ ≣Add
		St. Petersburg, FL 33709	_ □Remove
			_ [] Change
AMBE	Janieurse Nesbitt	4604 49th Street NIGH #147	<u>?</u> (≸ Add
		St. Petersburg, FL 33709	_ □Remove
			_ 🗀 Change
MGR	Jina Bingham	4604 49th Street North #1477	_ □Add
		St. Petersburg, FL 33709	Remove
			_ 🗆 Change
MGR	Jermaine Ivery	4604 49th Sheet North # 1477	_ □Add
		St. Pietersbury, FL 33709	_ Remove
			_ □Change
AP	Donicia Fuller	4604 49th Street North # 1477	_ □Add
		St. Petersburg, FL 33709	Remove
			_ 🗆 Change
			_ □Add
			_ 🗆 Remove
			_

amending any other information, enter change(s) here: (Attach additional sheets, if necessar	mending any other information, enter change(s) here: (Attach additional sheets, if necessary	• • • • •	•				
amending any other information, enter change(s) here: (Auach additional sheets, if necessar	mending any other information, enter change(s) here: (Attach additional sheets, if necessar,						
N la	N(M	mending any	other information	ion, enter chang	ge(s) here: <i>(</i>	Attach addition	al sheets, if necessa
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E. Effective date, if other than the date of filing:

OLD

(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.

Dated August 31 2023.

Walsia Williams

Typed or printed name of signee

Filing Fee: \$25.00