FEI Number: 82-3699289			Certificate of Status Desired: No	
Name and A	Address of Current Registered Age	nt:		
DUMENIGO LA 4960 SW 72 AV # 208 MIAMI, FL 331	/E			
The above named	d entity submits this statement for the purpose of cha	anging its registered office or regis	tered agent, or both, in the State of F	lorida.
SIGNATURE	E: FEDERICO DUMENIGO			04/01/2022
	Electronic Signature of Registered Agent			Date
Authorized	Person(s) Detail :			
Authorized	Person(s) Detail : MGR	Title	MGR	
		Title Name	MGR CHAPUR DUARTE, PAOLA	
Title	MGR		-	
Title Name	MGR CHAPUR DUARTE, ANDREA	Name	CHAPUR DUARTE, PAOLA	
Title Name Address	MGR CHAPUR DUARTE, ANDREA 4525 COLLINS AVE	Name Address	CHAPUR DUARTE, PAOLA 4525 COLLINS AVE	
Title Name Address	MGR CHAPUR DUARTE, ANDREA 4525 COLLINS AVE	Name Address	CHAPUR DUARTE, PAOLA 4525 COLLINS AVE	

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANDREA CHAPUR DUARTE MGR

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: NHC LLC

DOCUMENT# L17000235532

Current Principal Place of Business:

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

4525 COLLINS AVE MIAMI BEACH. FL 33140

Current Mailing Address:

4525 COLLINS AVE MIAMIBEACH EL 33140 LIS

04/01/2022

Date