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COVER LETTER

TO: Registration Se Division of Con			·*
Nants Lav	v, LLC		
30bjec1:	Name of Limi	ted Liability Company	
	Amendment and fee(s) are subrondence concerning this matter t	-	
	Gynthia F Nants	Cynthia F Nants	
		Name of Person	
	Nants Law, LLC		
		Firm/Company	
	P.O. Box 547871		
		Address	
	Orando, FL 32854		
	oforresterecflar.com E-mail address: (1	City/State and Zip Code Cfor(ester@cfl.r o be used for future annual report notifica	r. Com
For further information of	concerning this matter, please ca	ll:	
Cynthia F Nants		at (407) 480-19 (. b
Name o	of Person	Area Code Daytime T	elephone Number
Enclosed is a check for t	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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nants Law, LLC				
(Name of the Lim	nited Liability Company (A Florida Limited Lia	as it now appears or	our records.	
			_	
The Articles of Organization for this Limited L	Liability Company w	ere filed on	F	and assigned
lorida document number L07000107945				
his amendment is submitted to amend the fol	llowing:			
a. If amending name, enter the new name of	of the limited liabili	ty company here:		
he new name must be distinguishable and contain the	words "Limited Liability	Company," the desig	nation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	-Cr-w-Wa	1294 Crov	v Way #102 y, FL 32707
D. '. '. I CC . II . IAUCT DE 4 CTDE	'ET ADDDECC)	Cass-rr ,- L-	Cusse berr	4. FL 32707
	ET ADDRESS)			
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Principal office address MUST BE A STREE Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE				
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Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	d/or registered office address here: C_nt_a_Nants Cr_w Wa	ce address on ou Cynthic 1294 CA Enter Florida	a F. Nants	SEC name of the

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:

	1	1		
MGR = Manager				
AMRR = Authorize	. J M			

<u>Title</u> MGR	Name Brice A Nauts	Address	Type of Action
M_R	Bruce A Nants	1999 W Colonial Drive, Orlando, Fz. WC na Dr., rand. 32804	
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		Signature of	a member or au	thorized represe	ntative of a member			

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Filing Fee: \$25.00