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## **COVER LETTER**

	gistration Se vision of Cor					
SUBJECT:		NDA EVENTS LLC				
SUBJECT.	<u>-</u>	Name of Lin	ited Liability Company			
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	n all correspo	ndence concerning this matter	to the following:			
			Name of Person			
		OSCAR REY CPA PA				
			Firm/Company			
		1400 LINCOLN ROAD #	604			
			Address			
		MIAMI BEACH, FL 33139-2166				
			City/State and Zip Code			
		RECORDS@OSCARREY.				
For further i	nformation co	e-mail address: ( oncerning this matter, please c	to be used for future annual report no all:	nncation)		
OSCAR RE	Y CPA PA		305 531-8518			
	Name of	f Person		me Telephone Number		
Enclosed is	a check for th	ne following amount:				
□ \$25.00 l	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)		
	iling Address gistration S		Street Address: Registration S	ection		
Division of Corporations		Division of Co	Division of Corporations			
	). Box 632 Ilahassee, F		The Centre of			
ı a	nanaste, l	L J4J17	2412 N. MOIII	oe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROPAGANDA EVENTS LLC			
(Name of the Limited Liability Company as (A Florida Limited Liability	it now appears on our records.) ty Company)		
The Articles of Organization for this Limited Liability Company were Florida document number L09000022573	e filed on MARCH 09, 2009 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability o	company here:		
PUGA PROJECTS LLC			
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)	<b>202</b>		
	2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
Enter new mailing address, if applicable:	SS 6 !		
(Mailing address MAY BE A POST OFFICE BOX)			
	S: O		
	Fi. *		
3. If amending the registered agent and/or registered office addrengent and/or the new registered office address here:	ess on our records, enter the name of the new regist		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street uddress		
	. Florida		
	City Zip 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
		<del></del>	□Add
			□Remove
			□Change
<del></del>			
			□Remove
			□Change
			□Remove
			□Add
			Remove
			□Change
			□ Remove
			□ Change
			□Add
			Remove
			Change

E ffo	ctive date, if other than the date of filing: (optional)
(If an e Note	ctive date, if other than the date of filing:
the rec	ord 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 filed.
Date	d 0/05/2024,  Signature of a member or authorized representative of a member
	Stonature of a member or authorized representative of a member
	a signature of a memori of authorized representative of a memori