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## **COVER LETTER**

Division of Corporations N&A BUSINESS SERVICES, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: NELSON NASCIMENTO Name of Person N&A BUSINESS SERVICES, LLC Firm/Company 5522 MINUTE MAN CT Address ORLANDO, FL 32821 City/State and Zip Code nelson venicio@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: NELSON NASCIMENTO Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

N&A BUSINESS SERVICES, LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Conforida document number 1.11000079729	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE.	<u></u>	
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		<b></b> 20 21 21 21 21 21 21 21 21 21 21 21 21 21
Enter new mailing address, if applicable:		——————————————————————————————————————
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or register egistered agent and/or the new registered office address  Name of New Registered Agent:		nter the name of the
N. and D. and J. and J. (1977) and A. L. Imanus		
New Registered Office Address:	Enter Florida street address	
	. Florid	la
	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>	<u>Address</u>	Type of Action
MGR	CARMEN AUGUSTA LUCERO	820 NE 16TH AVE APT 2	■ Add
		FT LAUDERDALE, FL 33304	☐ Remove
			□ Change
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reffective date is listed, the date mus	t be specific and c	annot be prior to	date of filing o	r more than 90 day	<b>optional)</b> s after filing.) Pursi	iant to 605.02
te: If the date inserted in this ble cument's effective date on the De			le statutory fi	ling requirement	s, this date will n	ot be listed :
record specifies a delayed	effective da	te. but not a	an effectiv	e time, at 12:	01 a.m. on th	ne earlier
he 90th day after the reco	ord is filed.			,		
ted		2018	. •			
JUNE 27TH  When V.	ih +					
N/1 1/	war					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00