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(Re	equestor's Name)	
(Ad	ldress)	
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: N	ach Unlimited Name of Lim	LLC nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	John	Name of Person	
		Unlimite d	
	707	Chapel Hill Blu	75
	Boynton	Beach FL 334 City/State and Zip Code	35
	E-mail address: ((to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please c	call:	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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

Nash Unlimited	
(Name of the Limited Liability Company as it nov (A Florida Limited Liability Co	w appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed Florida document number 41000107877.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address here: Name of New Registered Agent:	ress on our records, enter the name of the new
New Registered Office Address:	
	nter Florida street address
	, 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 i provisions of all statutes relative to the proper and complete performa accept the obligations of my position as registered agent as provided j being filed to merely reflect a change in the registered office address,	nce of my duties, and I am familiar with and for in Chapter 605, F.S. Or, if this document is
company has been notified in writing of this change.	No
	ye xoʻ −πa
If Changing Regist	ered Agent, Signature of New Registered Agent
Page 1 of 3	DFS P
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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 **Title Type of Action Address Name** John Pakel 707 Chapel Hill Blod - Add MGR BuyMton Beach, FL 334135 = Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change 2016 Remove 19 Change Page 2 of 3

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