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COVER LETTER

Division of Co		· ·	
SUBJECT:	NaKada (IVERTORS LLC	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing	
Please return all correspo	ondence concerning this matter	to the following	·
	- Christi	Nume of Person	
	Makaca	Creature L	LC
	1207 De	Plaware Ave	# 280
	Wilming Thristing	City/State and Arp Code Makada CV e to be used for finnire annual report no	D6 Pations, Com
For further information of	oncerning this matter, please es	4 1	
Christma Nama o	- DINKINS	at (973), 9 64 Area (ode Day tir	-5971 no Telephone Number
Enclosed is a check for th	e following amount.		
, i S2* (9) Filing Fee	S \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filling Fee & Certified Copy (additional copy is enclosed)	S60 00 Filing Fee, Certificate of Status & Certified Copy (additional copy is melosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, F1, 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records	- <u>LC</u>
The Articles of Organization for this Limited Liability Company Florida document number <u>LITOOTTO9913</u> This amendment is submitted to amend the following. A. If amending name, enter the new name of the limited liability of the liability of		and assigned FILED SECRETARY OF ALL SECRETARY OF
The new name must be distinguishable and contain the words "Limited Liabil		he abbreviain 1. N
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	No change	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Makada Üvec 1207 Delawa Wilmington	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter the i</u>	name of the new registered
Name of New Registered Agent. New Registered Office Address:	range	
	Enter Florida street address	
	, Florida	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. Thereby confirm that the limited liability company has been notified in writing of this change.

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
	Nia		
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			!Change
			= .\dd
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Note:	ve date, if other than the date of filing:
record d is file	4 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 ed
)ated _	September 18 2024
	September 18 2094 Matina Wikowa Signature of a member or authorized representative of a member
	Christina Dinkins

· · · .

Filing Fee: \$25.00