## L13000042379

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A. BUTLER JAN 26 2022

## **COVER LETTER**

то:	Registration Solution of Co.			
oun mz		PROPERTIES, LLC		
SUBJEC	ul:	Name of Limit	ed Liability Company	
The encl	osed Articles of	Amendment and fee(s) are subn	nitted for tiling	
		ondence concerning this matter to	-	
		Sean Nesselt		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		NES Advisors		
			Firm/Company	
		124 Summerfield Drive		
			Address	
		Ponte Vedra Beach, FL 320	82	
			City/State and Zip Code	
		seannesselt@gmail.com		
For furth	ner information o	E-mail address: (ic concerning this matter, please cal	be used for future annual report no ll:	nitication)
Sean Ne	sselt		954 610-7957	
	Name o	of Person	at () Area Code Daytir	ne Telephone Number
Enclosed	I is a check for t	he following amount:		
□ <b>\$</b> 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		<u>Street Address:</u> Registration Se	ection
	Division of C	Corporations	Division of Co	rporations
	P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nesselt Properties, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{3/21/2013}{2}$ \_\_\_\_\_ and assigned Florida document number \_\_L13000042379 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NES Advisors, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A no change Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A no change 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 on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			\ \_Add
			Remove
		•	□Change
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			Remove
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			□Remove
			□Change
			\ \ \_Add
			□Remove
			□Change

Fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 deg. If the date inserted in this block does not meet the applicable statutory filing requirements effective date on the Department of State's records.  Second specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies is filed.	
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	(optional) ys after filing.) Pursuant to 605.0207 its, this date will not be listed as
	of: (b) The 90th day after the
January 13 2022	
41	
///esself	
Signature of a member or authorized representative of a member	

Filing Fee: \$25.00