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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	NV PAGT	Ners LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	N:140	Lay VLASIL	
		Name of Person	
		Firm Company	
	9975 7 H	Way NORTH 202	
	Saint Pere	15 Gusq FL 337K	2
		ATO VANOO, COM to be used for future annual report noti	
For further information ec	oncerning this matter, please ca	•	neural)
N', Volay V	LAS'115 Person	at (<u>727</u>) <u>945 –</u> Area Code Daytim	2380 e Telephone Number
		rata coat Dayimi	e receptoite rantoer
Enclosed is a check for th	e 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 S		Street Address: Registration Sec	ction
Mailing Address Registration S		Street Address: Registration Sec	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NV PARTNERS 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 \(\begin{align*} \begin{align*} \lambda \lambda \end{align*} \\ \lambda \lambda \lambda \end{align*} \\ \lambda
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
7020 The second
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". 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 on our records, enter the name of the new register agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter 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 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 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
<u> HGR</u>	DANIEL MATKOY	9975 7th Way Nopt 202	L'Add
		9975 7th Way Nopt 202 Saint Petersburg FL 3379	のと □Remove
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Effective (If an effective	date, if other the date is listed, the	date must be speci n this block does	ific and cannot be a not meet the a	e prior to date of applicable stati	filing or more than	ı 90 days after fili	al) ng.) Pursuant to 605. ate will not be liste	0207 (d as t
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