114000117905

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |

Office Use Only



500427017355

94/05/24--01020--001 **25.00





COVER LETTER

| TO: Registration S Division of Co | | |
|--|--|--|
| | PERTIES, LLC | |
| SUBJECT: | Name of Lin | nited Liability Company |
| The continued Assistance | ` | and the Atline |
| | Amendment and fee(s) are sub | - |
| Please return all correspondent | ondence concerning this matter | to the following: |
| | John A. Watson, Esq. | |
| | Name of Person | |
| | atson | |
| | FimvCompany | |
| | | |
| | | Address |
| | Fort Lauderdale, FL 3333 | 9 |
| | ninclinye@gmail.com | City/State and Zip Code |
| | · == | (to be used for future annual report notification) |
| For further information of | concerning this matter, please c | all: |
| John A. Watson | | 954 803-7515 at () |
| Name o | of Person | Area Code Daytime Telephone Number |
| Enclosed is a check for t | he following amount: | |
| ≡ \$25,00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| Mailing Addre Registration Division of C P.O. Box 633 Tallahassee, | Section Corporations 27 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | NTR PROPER | TIES, LLC | | |
|---|---|--|--|--|
| (Name of the Limit | ted Liability Compa (A Florida Limited | iny as it now appears on our re Liability Company) | ecords.) | |
| The Articles of Organization for this Limited L Florida document number L14000117905 | iability Company | were filed on JULY 28, 20 | and assigned | |
| This amendment is submitted to amend the foll | owing: | | | |
| A. If amending name, enter the new name o | f the limited liab | ility company here: | | |
| The new name must be distinguishable and contain the v | vords "Limited Liabi | lity Company," the designation | 'LLC" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applic | able: | 10222 62nd Drive | | |
| (Principal office address MUST BE A STREE | | Forest Hills, NY 11375 | | |
| | | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 10222 62nd Drive | | |
| | | Forest Hills, NY 11375 | | |
| B. If amending the registered agent and/or ragent and/or the new registered office addre | _ | | iter the name of the new registered | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | 13805 San Juan Avenue Enter Florida street address | | | |
| | Hudson | Florida 34667-1570 | | |
| | | Ciţ | Zip Code | |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this | ed agent and agr er and complete stered agent as p registered office | ee to act in this capacity. performance of my dutie. provided for in Chapter 6 | s, and I amfamiliar with and 1 05, F.S. Or, if this document is | |
| | If Chai | nging Registered Agent, Signat | ure 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> | Address | Type of Action |
|--------------|--------------------|------------------------|----------------|
| MGR | RUBEN ROTHSCHILD | 13805 San Juan Avenue | □Add |
| | | Hudson, FL 334676 | =Remove |
| | | | |
| MGR | NINELI TETSOSHVILI | 10222 62nd Drive | = Add |
| | | Forest Hills, NY 11375 | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □ Remove |
| | | | □Change |
| | | | □Add |
| | | TALLAMASSEE | □ Change |
| | | | GRemove |
| | | | □Change |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated_April 4 2024 Signature of a member or authorized representative of a member Ruben Rothschild Typed or printed name of signee