Fax: 7863057612

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : IGNACIO LUCANO Account Number: I20210000095 Phone : (786)303-3769 Fax Number : (786)305-7612

**Ent	er	the	email	address	for	this	busin	ess	entity	to	be	used	for	future
0	an	nual	report	mailin	gs.	Enter	only	one	email	add	res	s ple	ase.	* *

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Ξ	

carolinacjuarez@gmail.com Email Address:

# ULC AMND/RESTATE/CORRECT OR M/MG RESIGN NACTEAM LLC

### Certificate of Status Certified Copy Page Count 05 Estimated Charge \$30.00

DEC 0 6 2021

A. LUNT

## **COVER LETTER**

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	gistration Se vision of Cor							
SUBJECT.	NACTEAN	1 LLC						
Name of Limited Liability Company								
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for tiling					
		ondence concerning this matter	<b>1</b>					
		Aurora Rogelia Enriquez						
			Name of Person	<u> </u>				
		NACTEAM LLC						
			Firm/Company	<del></del>				
		1250 West Ave apt 8D,						
			Address	<del></del>				
		Miami Beach, 33139, FL						
			City/State and Zip Code					
		carolinacjuarez@gmail.com						
		E-mail address: (	to be used for future annual report no	otification)				
For further in	nformation co	oncerning this matter, please c	ail:					
	Ignacii	o Lucano	at ( 786 )	303-3769				
	Name of	Person		ime Telephone Number				
•								
Enclosed is a	check for th	e following amount:						
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fce, Certificate of Status & Certified Copy (additional copy is enclosed)				
			1					
Reg Divi	ing Address istration So ision of Co Box 6327	ection rporations	Street Address: Registration S Division of C The Centre of	orporations				

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

#### Fax: 7863057612

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NACTEAM LLC					
(Name of the Limited Liability (A Florida	ty Company	1 It now appea	rs on our rec	ords.)	
(A Florida	i Limited Liad	inty Company)			<b>3 3 3 3 3 3 3 3 3 3</b>
The Articles of Organization for this Limited Liability Co	ompany we	re filed on 08	3-11-14		and assigned
Florida document number L14000125218					EC 255
	<del>'</del>				人で表記
This amendment is submitted to amend the following:					्र सुद्धाता सुद्धाता
A. If amending name, enter the new name of the limit	ited liabilit	y compan <u>y h</u>	ere:		星 影
					<b>2</b> 特
The new name must be distinguishable and contain the words "Limi	ited Liability	Company," the	designation "I	.I.C" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	-	<del>-</del>		<u> </u>	
(Principal office address MUST BE A STREET ADDR	<u>(E33)</u> _				
	-				
Enter new mailing address, if applicable:	-				
(Mailing address MAY BE A POST OFFICE BOX)	• -				<del></del>
	-				<del></del>
B. If amending the registered agent and/or registered	d office odd	roce on our i	records en	ter the name	of the new registere
agent and/or the new registered office address here:	o office add	11 633 011 011 1		ter the name	or the new registere.
Name of New Registered Agent:					
New Registered Office Address:		Enter Flo	rida street add	dress	
				171 I - I -	
<del></del>		City	,	Florida	Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:				•
I hereby accept the appointment as registered agent of		to act in this	canacity	l further cor	aa ta aamah with the
provisions of all statutes relative to the proper and co	omplete pe	rformance o	f my duties	i, and I am fo	ee to comply wan inc Imiliar with and
accept the obligations of my position as registered as	gent as pro	vided for in	Chapter 60	95, F.S. Or,	f this document is
being filed to merely reflect a change in the registere	ed office ad	dress, I here	by confirm	that the lim	ited liability
company has been notified in writing of this change,	3				
	If Changin	g Registered A	gent Sionan	re of New Reg	daaraa aaraa
	Changin	P TAPACICA V	e-ne Signati	SIE DI MEM KEE	istered Agent

12/3/2021 10:26:59 EST

· To: 18506176383

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From: NIZA MANAGEMENT LLC

Fax: 7863057612

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
AMBR	Carolina C. Juarez	1250 West Ave #8D	
		Mismi Beach, 33139 FL	Remove
			Change
			□Add
			□Remove
			Change
			□∧dd
			□Remove
			□Change
			□Add
			□Remove
			□ Change
		· · · · · · · · · · · · · · · · · · ·	DAdd
			□Remove
			□ Change
			□ Add
		•	□Remove
			DChange

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