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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CKO CONSULTING AND TAX SERVICES LLC

Account Number : I20220000100 Phone : (321)366-0510 Fax Number : (321)366-0511

\*\*JEnter the email address for this business entity to be used for future  $\frac{1}{2} = \frac{1}{2} = \frac{1}{2}$  annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NPRL REAL ESTATE INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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∋:	3	1,1/27/20	023 11:29 AM	TO:18506176383	FROM: 3213660511		
				COVER LETTER			
то		stration Sect ision of Corpo					
617	n teet.		NPRL REAL EST	TATE INVESTMENTS LLC			
301	BJĘCT:		Name of Li	mited Liability Company	<del></del>		
The	enclosed	l Articles of A	mendment and fee(s) are su	ibmitted for filing.			
Plea	ise retum	all correspond	dence concerning this matte	er to the following:			
			CRISTIANE OLIVEIR	la SILVa			
				Name of Person			
			CKO CONSULTING A	AND TAX SERVICES LLC			
				Firm:Company			
			7065 WESTPOINTE B	ILVD STE 303			
			Address				
			ORLANDO - FL - 34711				
			City/State and Zip Code				
			CHO@CKOACCOUNT	'NGSERVICES.COM : (to be used for future annual rep			
For	further is	nformation cor	ncerning this matter, please		ort toutcaron)		
C	RISTIA	NE OLIVEIRA	A SILVA	32i 366	0510		
		Name of I	<sup>p</sup> erson		Daytime Telephone Number		
Enc	closed is a	check for the	following amount:				
	\$25.00 1	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Cl \$55.00 Filing Fee & Certified Copy (additional copy is enclos	\$60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is enclosed)		

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NPRL REAL ESTATE INVEST	MENTS LLC		
(Name of the Limited Liability Comban (A Florida Limited Li	v as It now upper ability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Company violation for the Liability Company violation document number <u>L14000138754</u> .	were filed on _	09/05 2014	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited Liability	ty Company." th	e designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	17098 W.A	TER SPRING BLVD	
(Principal office address MUST BE A STREET ADDRESS)	WINTER	GARDEN - FL - 34787 - 1	2 23
Enter new mailing address, if applicable:			5 1
• • • • • • • • • • • • • • • • • • • •			ъ,
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		
		****	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on ou	r records, <u>enter the name</u>	ω of the new register
Name of New Registered Agent:			
New Registered Office Address:	Enter	i loridu street address	
	Cim	, Florida	Zin 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.

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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

Title	Name	Address	Type of Action
			∐Add
			Remove
			∃Add
			URemove
<del></del>	<del></del>		
			LIRemove
			]Change
			□Remove
	***************************************		
			⊟Remove
			Change
	<del></del>		
			□Remove
			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. NOVEMBER 27th 2023 Dated Signature of a member or authorized representative of a member LEONARDO DA SILVA

Typed or printed name of signee

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11/27/2023

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