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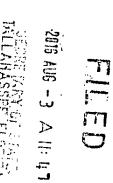
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Will Company Suits

COVER LETTER

TO:

	Registration Se Division of Cor					
SUBJEC	NAFA, LLO	C				
SUBJEC		Name of Lim	ited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
		ndence concerning this matter	-			
		W. Shannon Hamilton				
			Name of Person			
		NAFA, LLC				
		-	Firm/Company	70	2	
		P.O. Box 158		FS	A	
			Address			
		Lloyd, FL 32337		in the line of the	-3 /	{
		kvboffice@klamathvalley.c	City/State and Zip Code			
		E-mail address: (to be used for future annual report	notification)	اب_	
For furth	er information co	oncerning this matter, please ca	all:			
Rose Va	arnum		541 273-950 at ()	06		
	Name o	f Person		ytime Telephone Number		
Enclosed	d is a check for th	ne 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 Certificate of Certified Co (additional cop	of Status &	
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section in of Corporations ox 6327 assee, FL 32314	Registration S Division of Co Clifton Buildi	orporations		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

NAFA, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our r nited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Com Florida document number L14000188190		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>	
Enter new mailing address, if applicable:		AUG TO THE STATE OF THE STATE O
(Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 158	in t
	Lloyd, FL 32337	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		cords, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street d	address
	Linei I torida sireet c	, Florida
	City	Zip Code

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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or reinoved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Kimberley Padula	5035 Hardaway Hwy	
		Chattahoochee, FL 32324	☐ Remove
			Change
			□ Add
			☐ Remove
			Change
			Add
			Remove
			Change
			Add Remove
			Change
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filin Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	(optional) ng or more than 90 days after filing.) Pursuant to 605 y filing requirements, this date will not be list	5.0207 (3)(ted as the
If the record specifies a delayed effective date, but not an effect (b) The 90th day after the record is filed.	tive time, at 12:01 a.m. on the earli	er of:
Dated July 19		
Signalure of a member or authorized represen	ntative of a member	
W. Shannon Hamilton, Member Manager		

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee