## 414 000 190102

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phono	e #)
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09/12/22--01015--006 \*\*25.00



## **COVER LETTER**

TO: Registration Division of C				
SUBJECT:NO	VPROFIT PLUS, LLC			
SUBJECT:		ted Liability Company		
	of Amendment and fee(s) are sub-			
	RACHEL R	AMJATTAN		
		Name of Person		
	Nenprofit	PCUS, LLC Firm/Company	SEC	2023 SEP
		ritti Company		SED 23.
	1440 CORAL	RIDGE DRIVE STE 40	26 岩刻	
		Address		
	CORAL SPRI	NOS, FL 33071	<u> </u>	22 PH 1:0
		City/State and Zip Code	<b>三</b> 三	08
	RACHELO NOMPRO	OFITCLUSTEAM, COM	fication)	w
For further information	n concerning this matter, please c			
	and a land	m (954 ) 618-81	151	
FACHEL LA	th of Person	at ( <u>954</u> ) 618-81 Area Code Daytime	e Telephone Number	
Fortosed is a check for	r the following amount:			
D/\$25.00 Filing Fee Already proid	4	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
P.O. Box 6	n Section f Corporations	Street Address: Registration Se Division of Cot The Centre of T 2415 N. Monro	rporations Tallahassee oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NON PROFIT PLUS L (Name of the United Liability C	LC. https://www.sprears.on.our.records.) https://www.sprears.on.our.records.
	pany were filed on 12/12/2014 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 (LL.63)
Enter new principal offices address, if applicable:	TECH 523 SE
(Principal office address MUST BE A STREET ADDRES	} ************************************
	70 7
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	08
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida Zip Code
<del></del>	C.i.
New Registered Agent's Signature, if changing Registered A	gent:
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	I agree to act in this capacity. I further agree to comply with the plete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability
	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 removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	SARAH STEPHENSON	PLANTATION FL 33322	<u>S</u> Add
			□Remove
			□Change
			🗆 Add
			Remove
			□Change
			2023 SER 2 SECREBAS ALLAS
			ARYOUN COMMENT
			©Change
			□Remove
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			Remove
			□Change

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Effective date, if other than the date of filing:  [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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  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 distilled.  Dated 0914423	•		· · · ·			<del></del>
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Reutal Remember of authorized representative of a member	Dated D911412	13	_,			
Signature of a metaber or authorized representative of a member		^ (	2 tt ~			
		Kritish H	Cura			

Filing Fee: \$25.00