150000 95173

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Registration Section Division of Corporations

ECT:	Name of Lim	nited Liability Company			
iclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
return all correspo	ondence concerning this matter	to the following:			
	Genaine Sandy				
		Name of Person			
		Firm/Company			
	10955 Copper Hill Dr				
	· · · · · · · · · · · · · · · · · · ·	Address			<u>.</u>
	Jacksonville, Florida 3221	8		20 SEP	ZISCI ZI
		City/State and Zip Code			::3 <u>:3</u> _
	info.ginx@gmail.com			-2	978 378
	E-mail address: (to be used for future annual report notifi	cation)	3	조유로
ther information o	concerning this matter, please c	all:		<u>:</u>	STAT
ne Sandy		904 999-1655 at ()		:л -	10 H
Name (of Person	Area Code Daytime	Telephone Number		
ed is a check for t	he following amount:				
5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing For Certificate of Since Certified Copy (additional copy is	tatus &	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

CSA Bryant Entertprises LLC		> 0,70
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our reconited Liability Company)	and assigned of
articles of Organization for this Limited Liability Com	pany were filed on 06/01/2015	and assigned
a document number L15000095173		and a special
mendment is submitted to amend the following:		
amending name, enter the new name of the limited	I liability company here:	
NA NUMEN ENTERPRISES, LLC		
w name must be distinguishable and contain the words "Limited	Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
new principal offices address, if applicable:		
cipal office address MUST BE A STREET ADDRES	SS)	
new mailing address, if applicable:		
ing address MAY BE A POST OFFICE BOX)		<u> </u>
ing dudress MAT BE A TOST OF TICE BOX		
amending the registered agent and/or registered of	ffice address on our records, ent	er the name of the new register
and/or the new registered office address here:	ince address on our records, <u>ent</u>	er the hame of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	lress
		Florida
	City ,	Florida Zip Code
Registered Agent's Signature, if changing Registered Agent's Agent's Signature, if changing Registered Agent's	gent:	
		C. H
by accept the appointment as registered agent and sions of all statutes relative to the proper and comp t the obligations of my position as registered agen filed to merely reflect a change in the registered of any has been notified in writing of this change.	plete performance of my duties, it as provided for in Chapter 60	and I am familiar with and 5, F.S. Or, if this document is
If	f Changing Registered Agent, Signatur	re of New Registered Agent

oved from our records:				
Address	Type of Action			
	□Add			
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ve date, if other th	nan the date of filing: (optional)
ictive date is listed, the If the date inserted in	date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ent's effective date o	on the Department of State's records.
	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed.	
August 26	2020
	————·
OV'	
	Signature of a member or authorized representative of a member
Genaine Sandy	
<u> </u>	Typed or printed name of signee