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()	Requestor's Name)	
(1	Address)	
	Address)	<u> </u>
(City/State/Zip/Phone	#)
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(Document Number)	· · · · · · · · · · · · · · · · · · ·
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2024 DEC 19 AM 8: 3



COVER LETTER

TO: Registration of	on Section Corporations		
SUBJECT: EXTE	RN LLC		
	Name of Li	mited Liability Company	·····
The enclosed Article	es of Amendment and fee(s) are su	bmitted for filing.	
Please return all cor	respondence concerning this matte	τ to the following:	
		Octavio Cardoso	
		Name of Person	
		Notlya Holdings Corporation	
		Firm/Company	
		8606 Via Giardino	
		Address	
		Boca Raton, FL 33433	
	,	City/State and Zip Code	
		ardoso@westchesterintl.com	
	E-mail address:	(to be used for future annual report no	otification)
For further informat	non concerning this matter, please	call:	
Octavio Cardoso		954 655-4628	
Na	ame of Person	Area Code Dayti	me Telephone Number
Enclosed is a check	for the following amount:		
書 \$25.00 Filing Fo	ee S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Ac		Street Address: Registration S	ection
	ion Section of Corporations	Division of Co	
P.O. Box	•	The Centre of	•
Tallahass	ee, FL 32314	2415 N. Monr	oe Street, Suite 810

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Tallahassee, FL 32303

No \$

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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	EXTER	IN LLC	0.50.	Clear OF STATE
(Name of the Limited	1 Liability Compan A Florida Limited L	ny as It now app iability Compan	ears on our resor y)	HASSEE. FL
The Articles of Organization for this Limited Liab Florida document numberL15000114323				and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	the limited liabi	lity company	here:	
The new name must be distinguishable and contain the wor	rds "Limited Liabil	ity Company," d	he designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	8606 Via Gi	ardino	
(Principal office address MUST BE A STREET ADDRESS)		Boca Raton, FL 33433		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B) B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office a	8606 Via Gi Boca Raton, address on ou	FL 33433	r the name of the new registered
Name of New Registered Agent:	NOTLYA HO	LDINGS COR	PORATION	
New Registered Office Address:	8606 Via Giard		Florida street addre	255
	Boca Raton		F	lorida 33433 Zip Code
		City		Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:			•
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of this company.	r and complete ered agent as p egistered office	performance provided for i	of my duties, a in Chapter 605	and I am familiar with and F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

6.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	EXTE	RN LLC	
(Name of the Limi	ed Liability Compa (A Florida Limited I	ny as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited L	·	were filed on _07/01/	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8606 Via Giardino	
		Boca Raton, FL 334	33
		8606 Via Giardino Boca Raton, FL 33433	
B. If amending the registered agent and/or tagent and/or the new registered office addre	egistered office : ss here:	address on our recor	ds, enter the name of the new register
Name of New Registered Agent:	NOTLYA HO	LDINGS CORPORAT	ION
New Registered Office Address:	8606 Via Giard	lino Enter Florida s	treat adhass
	Boca Raton	Enter Florida s	
	Roca Ration	City	, Florida
		=-9	•

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.

If Changing Registered Agent, Signature of New Registered Agent

(4)

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

<u>Title</u>	Name	Address	Type of Action
		N/A	
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ctive date, if other than the	date of filing:	(options	al)
:Moctive date is listed, the date must :: If the date inserted in this blo	t be specific and cannot be prior to date ock does not meet the applicable s	e of filing or more than 90 days after fili tatutory filing requirements, this da	ng.) Pursuant to 605.020 ate will not be listed a
ment's effective date on the De	partment of State's records.		
		t 12:01 a.m. on the earlier of: (b)	The 90th day after the
	e date, but not an effective time, a	, ,	The your day after the
	e date, but not an effective time, a	,	The your day after the
filed.			The your day liner di
filed.	e date, but not an effective time, a		The your day area ar
filed.			The your day area ar
filed. October 11	, 2024 ,	oloni.	
filed. October 11		oloni.	

Filing Fee: \$25.00



December 6, 2024

OCTAVIO CARDOSO 8606 VIA GIARDINO BOCA RATON, FL 33433

SUBJECT: EXTERN LLC Ref. Number: L15000114323

We have received your document for EXTERN LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 024A00026391

12/19/24