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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration S Division of Co | | | |
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| NAVAED | | | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspondence | ondence concerning this matter | to the following: | |
| | Kathleen Jasper | | |
| | | Name of Person | |
| | NAVAED LLC | | |
| | | Firm/Company | · |
| | 19848 Beechcrest PL | | |
| | | Address | |
| | Estero, FL 33928 | | |
| | | City/State and Zip Code | |
| | Kathleen@NavaED.com | | |
| For further information of | E-mail address: (concerning this matter, please c | to be used for future annual report not all: | atication) |
| Kathleen Jasper | | 239 207-5755 | |
| Name o | of Person | at (at () | ne Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| S25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| <u>Mailing Addres</u> Registration | | Street Address: Registration Se | ection |
| Division of C | Corporations | Division of Co | rporations |
| P.O. Box 632 Tallahassee, | | The Centre of 2415 N. Monro | Tallahassee oe Street, Suite 810 |
| rananassee, | L EL フムフトマ | ZHIJ IN. MIOHIO | ic succi, suite att |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| NAVAED LLC | | | |
|--|--|--|-------------------|
| (Name of the Lim | ited Liability Compa (A Florida Limited l | iny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Interest of of Organization for Organ | | were filed on 02/19/2021 | and assigned |
| This amendment is submitted to amend the fol | llowing: | | |
| A. If amending name, enter the new name | of the limited liab | ility company here: | |
| he new name must be distinguishable and contain the | words "Limited Liabil | lity Company," the designation "LLC" or the abbr | eviation "L.L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | 19848 Beechcrest PL | |
| | | Estero, FL 33928 | |
| Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE | <u>: BOX)</u> | 19848 Beechcrest PL Estero, FL 33928 | |
| 3. If amending the registered agent and/or gent and/or the new registered office addre | | address on our records, enter the name | |
| Name of New Registered Agent: | Jan Messer | | F3 |
| New Registered Office Address: | 5330 Andover I | | 0 24 |
| | | Enter Florida street address | <u>02</u> |
| | Naples | , Florida <u>3411</u> | |
| | | City | Zip 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.

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 |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|-------------|----------------|
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| ivote: | tive date, if other than the date of filing: (optional) (interpolate is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records. |
| record d is file | 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 |
| Dated _ | Feb. 19, 2021. |
| | Signature of a member or authorized representative of a member |
| | Signature of a member or authorized representative of a member |
| | |

Filing Fee: \$25.00