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(Requestor's Name)
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PICK-UP WAIT MAIL
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## **COVER LETTER**

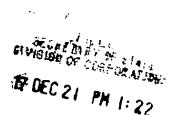
TO: Registration Se Division of Cor			
SUBJECT: NY ON	21A . L L.C.		
SUBJECT: TYVIK	Name of Limi	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Tor	Mani Wilson	<del></del>
	N	Y () V M L L C Firm/Company	
	170	Address OVE+	
		MIMMISSQQ, FL 323 City/State and Zip Code	08
	E-mail address: 0	MINSON & a moil (to be used for future annual report notific	cation)
For further information c	oncerning this matter, please ca		
Tim(m) Name o	MI Son	at (850) 408 -4	Hi67 Telephone Number
Enclosed is a check for the	he 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS	CONT. DECEMBER	en a nances

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



NYARA LLC	1:22 PM 1:22
(Name of the Limited Liability Company as i (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were Florida document number \( \bigcup 100012514\).	filed on $\int U R                                  $
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability c	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Con-	npany," the designation "I.I.C" or the abbreviation "I.IC."
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)	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the nev
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida Zin Code
	Zin 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. Thereby 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 Type of Action **Address** <u>Title</u> **Name** Tiftony Wilson 1797 Dax Covet \_\_\_ DAdd MOV Tallaharre, FL 32308 □ Change \_□ Remove \_\_ 🗆 Change □ Add □ Remove □ Add \_□ Remove \_\_\_\_\_ Change \_\_\_\_□ Add \_□ Remove \_\_\_\_ Change  $\Box$  Add ☐ Remove \_□ Change

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		PULL Signa	ture of a ryem	ly 2 iberarambori	zed representat	ive of a member			10
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Filing Fee: \$25.00