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(Re	questor's Name)	
. (Ad	dress)	
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(Cit	ry/State/Zip/Phone	= #)
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: The	N.A.S. C Name of Lim	nup LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	MIKK	AUITIN - SITIPP Name of Person	1
	The N. A.S.	Grup LLC Firm/Company	
	2005 S. C	ymes Ben Dr. Address	Smite 203
	Rompro Bened	City/State and Zip Code	
	Ai) Qui Austins	to be used for future communications of the second for future communications of the second se	ication)
For further information c	oncerning this matter, please ca	all:	•
Nilly Au Name o	Hin - Shipp Person	at (<u>954)</u> SOS - 3 Area Code Dayting	364 Telephone Number
Enclosed is a check for the	e 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)

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, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appear bility Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company w			and assigned
Florida document number <u>LIL 000 176516</u> .		11 - 1	•
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company he	ere:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the d	esignation "LLC" or th	and the same of th
Enter new principal offices address, if applicable:			7 7 7
(Principal office address MUST BE A STREET ADDRESS)		,	
			*
			Ha G
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			vene () () () () () () () () () (
	•	, .	
B. If amending the registered agent and/or registered office address here: Name of New Registered Agent:		our records, <u>en</u>	ter the name of the new
New Registered Office Address:	Enter Flo	rida street address	
		Florida	•
· · · · · · · · · · · · · · · · · · ·	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	erformance of	my duties, and I a	am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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

	MGR = Ma AMBR = Au	nager · thorized Member		
	<u>Title</u>	<u>Name</u>	Address	Type of Action
	Mys	Rousey D. Snipp	2205 S. Cupper Ben D.	
	V	<i>L</i> .	Suite 203	
	•		Rompo Beno, E 33069	Change
)Wren	President	Niku Awtin - Shipp	2205 S. Cypras Beri Dr.	Add
	1		Supe 203	☐ Remove
			Fumpon Belle , 10 33069	🖸 Change
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ctive date, if other than the date of effective date is listed, the date must be specied. If the date inserted in this block does unent's effective date on the Department.	ific and cannot be prior to date s not meet the applicable st	of filing or more than 90 days after (atutory filing requirements, this	filing.) Pursuant to 605.0
ecord specifies a delayed effect ne 90th day after the record is f		effective time, at 12:01 a	.m. on the earlier
d January 18	Shipe	epresentative of a member	

Page 3 of 3

Filing Fee: \$25.00