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TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations			
NAPA VAI	LE, LLC			
SUBJECT:	Name of Lim	ited Liability Company	 	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	WENDY BARBA			
		Name of Person		
		Firm/Company		
	125 VIA MILAN TER			
		Address		
	DAVIE, FL. 33325			
		City/State and Zip Code		
	hello@wendybarba.com	to be used for future annual report n	otification)	
For further information e	concerning this matter, please c		,	
AIDEE BARBA		954 540-8258		
Name o	f Person	Area Code Day	time 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)	
Mailing Address Registration		<u>Street Address:</u> Registration		
Division of C		Division of Corporations		
P.O. Box 632		The Centre o	f Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NAPA VALE, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
ne Articles of Organization for this Limited Liability Compar	ny were filed on 01/04/2017	and assigned
orida document number L17000002520		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lia	ability company here:	
ENDY BARBA, LLC		
new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC" or the	abbreviation "L.L.C."
iter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)		<u> </u>
iter new mailing address, if applicable:		
ailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered offic	e address on our records, enter the n	ame of the new registe
ent and/or the new registered office address here:	<u></u>	2023 151
Name of Nam Danistand August		APR T
Name of New Registered Agent:		γ _λ σ
New Registered Office Address:		75 00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Enter Florida street address	
	, Florida	Zip Code
	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 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
			□Add
			□Remove
			🗀 Remove
			□Change
			□Add
			🗀 Remove
			□Change
			□Add
			□Remove
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Effective date, if	- 4 b 4 b 4 b d	o of Glings	04/13/2023			(option	al\	
(If an effective date is I Note: If the date in	isted, the date must be iscreed in this block we date on the Depar	specific and car does not mee	a the applical	date of filing ole statutory	or more than filing require	0 days after fil	ing.) Pursuant to	605.0207 (listed as t
ne record specifies a ord is filed.	delayed effective da	te, but not an	effective tim	ie, at 12:01 a	.m. on the ea	orlier of: (b)	The 90th day	after the
APRIL 13			2023					
Dated($\frac{1}{2}$, -		<u>.</u> •				_
	Sig	nature of a mer	mber or author	ized represent	ative of a mer	nber		_
	Y BARBA							