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COVER LETTER

| TO: Registration Sec Division of Cor | | | |
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| SUBJECT: NAP | LES PR. ne Name of Lim | FinanciaL, | LLC |
| The enclosed Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspon | ndence concerning this matter | to the following: | |
| | Roy | Sm: +h Name of Person | |
| | MPLES P | Firm/Company | ial, LCC |
| | 3200 R | 7: ley LN # 2 | 270 |
| | MAPI | ES FL 34 | 1/05 Es = _ |
| | E-mail address: (| ADJESPC: ME F to be used for future annual report notifi | cation) |
| For further information co | oncerning this matter, please ca | all: | -1837 PEFF ST |
| Roy S | n:+h Person | at (<u>239</u>) <u>331</u> Area Code Daytime | 70 70 71 70 71 71 71 71 71 71 |
| Enclosed is a check for th | 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 as it now appears on our records.

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{9-25-17}{}$ and assigned Florida document number <u>417000091954</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

3200 Bailey LN #270

Enter Florida street address

Apples Florida 34/05

Tip 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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| Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department. | specific and cannot be does not meet the a | prior to date of fil pplicable statute | ing or more than 90 days | after filing.) Pursuant to 605 | |
| the record specifies a delayed e The 90th day after the record | | t not an effe | ctive time, at 12: | 01 a.m. on the earli | er of: |
| Dated 7-19- | 20 | 18 | \sim | | |
| Sig | nature of a member | authorized cepres | contaire f a member | | |
| | /1 | _ ` | | | |

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Filing Fee: \$25.00