L17000109449

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COVER LETTER

	gistration Se ision of Cor		,	i i		
2270 10 000			FAED LLC			
SUBJECT: Name of Limited Liability Company						
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspo	indence concerning this matter	to the following:			
		EDGAR O FAROH JR				
			Name of Person			
			Firm Company			
			2950 GLADES CIR UNIT 19			
			Address			
			WESTON FL 33327			
			City/State and Zip Code			
			AROHOFFICE@GMAIL.COM	- C		
For further in	rformation c	e-mail address: (to be used for future annual report no all:	ntication)		
EDGAR FA			954 349-45	71		
	Name o	f Person	at () Area Code Dayin	ne Telephone Number		
finelosed is a	i check for ti	ne following amount:				
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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		<u>Street Address:</u> Registration S	ection			
Division of Corporations		Division of Co				
P.O. Box 6327		The Centre of	Tallahassee			
Tallahassee, FL 32314		2415 N. Monro	oc Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NAELFAED LLC

2023 AUG 29 AM 7: 25

I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as register being filed to merely reflect a change in the reg	und complete performance of n red agent as provided for in Ch	y duties, and Lam, napter 605, F.S. Or,	familiar with and if this document is
New Registered Agent's Signature, if changing Reg			
	Chy		Zip Code
	, Florida		
New Registered Office Address:	Enter Florid	la street address	
Name of New Registered Agent:			
B. If amending the registered agent and/or registered office address h		cords, <u>enter the nan</u>	e of the new registered
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
Enter new mailing address, if applicable:			
(Principal office address MUST BE A STREET A	<u></u>		
Enter new principal offices address, if applicable			
The new name must be distinguishable and contain the words		agnation "LLC" or the at	breviation "L.L.C."
A. If amending name, enter the new name of th	e limited liability company her	<u>e</u> :	
This amendment is submitted to amend the following	ng:		
Florida document numberL17000109449	·		
The Articles of Organization for this Limited Liabi	· ·	05/17/2017	and assigned
(A)	Jability Company as it now appears Florida Limited Liability Company)	त्राहरूका । त	, c'
(Name of the Limited 1	NAELPAED LLC iability Company as it now appears	on our records.)	

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>	<u>Address</u>	Type of Action
AMBR	EDGAR FAROH	2950 GLADES CIR UNIT 19	
		WESTON FL 33327	-
			⊡Change
			LIRemove
			DChange
			[L]Remove
			□ Change
····			
			□Remove
			LIRemove
			□Change
			□Remove
			— Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) _____(optional) E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuam to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. AUGUST 24 2023 Dated __ Signature of a member or apil Mzed representative of a member EDGAR FAROH JR

Typed or printed name of signee