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(ке	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO:	Registration Se Division of Cor			
CITOD	NNG4, LLC			
SUBJI	CC1:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		Dawn Tottel		
			Name of Person	
		NNG4, LLC		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		1623 SW 1st Ave.		
			Address	
		Ocala, FL 34471		
		dtottel@aol.com	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please ca	ull:	
Dawn	Tottel		352 732-9844	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
d 52	5.00 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

18 OCT - 1 AM 10: 40

NNG4, LLC

company has been notified in writing of this change.

(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 Compa	ny were filed o	on <u>07/17/2017</u>	and assigned
Florida document number L17000152800			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lis	ability compa	ny here:	
The new name must be distinguishable and contain the words "Limited Lie	ibility Company.	"the designation "	'LLC" or the abbreviation "L.L.C."
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 registered agent and/or the new registered office address here.		ss on our rec	ords, enter the name of the new
			
Name of New Registered Agent:			
New Registered Office Address:			
	Ente	er Florida street aa	ldress
			Florida
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>		
I herchy accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple	-	• •	, ,

If Changing Registered Agent, Signature of New Registered Agent

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

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>	Name	Address	Type of Action
MGR	Nevean Reddy	1623 SW 1st Ave.	
		Ocala, FL 34471	
			■ Remove
			Change
			Add
			Remove
			Change
			□ Change
			The second second
			P Add
			Remove III
			ひまり
			□ Change
			高温る
			
			□ Remove
			□ Change
			☐ Remove
			Change
			□ Add
			

	<u> </u>
F Fffe	etive date, if other than the date of filing:
(If an e	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
	in the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
aocu	stem & effective date of the (repartment of State & fectors).
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
(b) In	e 90th day after the record is filed.
	5l. 24
Date	d September 24 , 2018
	K. Rulce. Rold Signature of a member or authorized representative of a member
	K. Kulka Rodda
	1000

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Filing Fee: \$25.00