## L17000 210769

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NVE BEVI SUBJECT:	ERAGES LLC	<i>¥</i>				
SCIDIECT:	Name of Lim	ited Liability Company	<del></del>			
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	MARK OLDHAM					
		Name of Person				
	NVE BEVERAGES LLC					
		Firm/Company				
	13012 SUMMERLAKE W					
		Address	<del></del>			
	CLERMONT, FL. 34711					
		City State and Zip Code				
	МОГДЭНАМ@ МАСДОМ					
	E-mail address: (	to be used for future annual report not	dication)			
For further information c	oncerning this matter, please o	all:				
MARK OLDHAM		785 979-3205 at ()				
Name of Person		Area Code Daytin	ne Telephone Number			
Enclosed is a check for the	ne following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filling Fee & Certificate of Status	© \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	7. \$60,00 Filing Fee, Certificate of Status & Certified Copy cadditional copy is enclosed.			
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ection			
Division of C	orporations	Division of Corporations				
P.O. Box 632		The Centre of				
Tallahassee 1	FE 30314	2415 N. Monro	ie Street State \$10			

Tallahassee, FL 32303

Registration Section Division of Corporations

TO:

## ARTICLES OF ORGANIZATION OF

NVE BEVERAGES LLC (Name of the Limited Liability Company as it now appears on our records,) (A Florida Limited Euriblity Company) The Articles of Organization for this Limited Liability Company were filed on 10/11/2017 and as Florida document number 1.1700210769 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NVE HOLDINGS LLC The new name must be distinguishable and contain the words. Emited Liability Company," the designation "I I to" or the abbreviation "I Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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, cuter the name of the ner agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Later Florida streve address

## New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comprovisions of all statutes relative to the proper and complete performance of my duties, and I am familier wit accept the obligations of my position as registered agent as provided for in Chapter 665. F.S. Or, if this doct being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liabilic company has been notified in writing of this change.

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type o
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<u>Note:</u> If the d	e, if other than to the is listed, the date re late inserted in this Tective date on the	block does n	iot meet the	applicable sta	of filing or mor tutory filing	e than 90 days	optional) after filing.) Pu , this date wil	rsuant Enot b
erecord specifed is filed.	lies a delayed effec	tive date, but	not an effec	ctive time, at 1	(2:01 a.m. or	the earlier o	f: (b) The 90	)th day
Dated	July 30		20	26				
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	_/\(			or authorized re				