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(Re	questor's Name)	
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COVER LETTER

	gistration Se ision of Cor			•
CUDIFCT.	NRPG Inve	estments LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Christian Binet		
		NRPG Investments LLC	Name of Person	
		WO III CHINCHIA LLC	ed Liability Company nitted for filing. o the following: Name of Person Firm/Company Address City/State and Zip Code be used for future annual report notification) l: at (
		8744 State Road 21,	Firm/Company	
		Melrose.Fl 32666	Address	
		christianbinet@icloud.com	·	
For further in	nformation c	E-mail address: (oncerning this matter, please e		fication)
Christian Bi			352 231-9547	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 F	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NRPG Investments LLC			
(Name of the Lin	nited Liability Company as it now appo (A Florida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Company were filed on 11-20-2017			
Florida document number L17000239395	,·		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the	: designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appl	icable:	7 02	
Principal office address MUST BE A STRE	SE SE		
		P 200	
		7 52	
Enter new mailing address, if applicable:		A series	
		6: 6:	
		1	
Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered.	d/or registered office address o	9 5	
Name of New Registered Agent:	Christian Binet		
New Registered Office Address:	4401 SE 3rd Place		
	Enter F	lorida street address	
	Keystone Heights	Florida 32656	
	City	Zip Code	

New Registered Agent's Signature, it 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>	<u>Address</u>	Type of Action
VP	Rogers, Elizabeth	13452 N Main Street, Suite 506,Jacksonville, FL 32218	□ Add
			Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
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ffective	date, if other th	an the date of fi			1 00	(optional) days after filing.) Pure	
<u>vote:</u> If the	the date inserted in 's effective date o	this block does n	iot meet the ap	pplicable statuti	ory filing requirer	nents, this date will	not be listed
	d specifies a d Oth day after th			t not an effe	ctive time, at	12:01 a.m. on t	he earlier
Sep Dated	ptember 13th	1	2018	·			
		1/1/	1				

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Typed or printed name of signee

Filing Fee: \$25.00