## 418 0000 67911

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doe	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



600399071466

12/19/22--01035--030 \*\*35.

707.070.19 (3.55.01

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	NABI	alinchius IIC	
SOBJECT	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Nelsun	Burgos Name of Person	
	<del></del>	Firm <sup>1</sup> Company	2022
	10715	Treadway school	rd 2020 19
	lea	SburgiFL 34188 City/Sixte and Zip Code	
	nelsonburg E-mail address:	do be used for future annual report noti	om : ==
For further information of	concerning this matter, please c	rall:	
Nelson F	Burgos	at ( <b>78</b> 7 ) 228 -	- 2305
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	rporations
P.O. Box 632 Tallahassee,		The Centre of T 2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

N 2 A Wince	lows uc		<del></del>
( <u>Name of the Limited Liah</u> (A Flor	ility Company as it now appe ida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	03/15/2018	and assigned
Florida document number <u>1180000 6 79 11</u>	·	•	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company	here:	
			8
The new name must be distinguishable and contain the words "L	imited Liability Company," the	e designation "LLC" or the abl	previation "L,E.C."
			; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
Enter new principal offices address, if applicable:			<u></u>
<u>Principal office address MUST BE A STREET ADI</u>	DRESS)		
			# ರಾ
Enter new mailing address, if applicable:			
•	Prison C		
(Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or register agent and/or the new registered office address here		records, <u>enter the name</u>	e of the new regis
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:			
	Enter Fi	lorida street address	
		, Florida	

## 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
MGR_	Antonio Lozada	2800 Rulene Stapt8	🗆 Add
		Fustis, FL 32726	Remove
			□Change
			□Add
			☐Remove
			<u> </u>
			□ Add □ □ □ Remove
			□ Change
			□Add
			Remove
			□Change
			□ Add
			Remove
		<del></del>	Change
		<del> </del>	□Add
			□ Remove

					<del></del>
				··	· · · · · · · · · · · · · · · · · · ·
					1364
		····			
		·		<del></del>	<del></del>
					7.
					<u> </u>
<del></del>					
rtive date, if othe	er than the date of	filing:	വാക	(option	aD
effective date is listed	er than the date of the date must be specified in this block does	ic and cannot be prior t	o date of filing or more	than 90 days after fil	ing.) Pursuant to 605.01
	ate on the Departmen		ore statutory ming i	equirements, this o	ate will not be used
ord specifies a dela filed.	yed effective date, bu	it not an effective tin	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day after th
d Decemb	per 7  Signature	2012			
	,		<u>.                                    </u>		
	all	W			