

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

RESENDING BECAUSE OF NO RESPONSE

Division of Corporations

Fax Number : (850)617-6383

Ficm:

Account Name : NELSON MULLING RILEY & SCARBOROUGH LLP

Account Number : T19990000010 Phone : (561)832-3300 Fax Number : (561)655-1109

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: KEVA. CIVALHA, Chelson Mullins. Com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JAY & MARILYN NELSON FAMILY HOLDINGS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jay & Marilyn Nelson Family Holdings, LLC

(Name of the Lamted Ljabihty Con) (A Florida Limite	many as it now appears on our records.) Id Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Compar Florida document number <u>L18000120898</u> .	ny were filed on <u>05/14/2018</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Nelson Tribe Investing, LLC		
The new name must be distinguishable and contain the words "Limited Lin	bility Company," the designation "LLC" or th	e 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 h	office address on our records, en	
Name of New Registered Agent:	Action to the second se	
New Registured Office Address:	Enter Florida street ækleess	fr 198
	. Florida	
and the second s	, Florida	Zin Cada

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

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_____ Change

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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>	Nume	Address	Type of Action		
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary	H19600.	2618	49.
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E. Effective date, if other than the date of filing: (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.) I Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	भाजकार to 605.02 ill not be fisted .	:07 (3)(b) as the	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. or (b). The 90th day after the record is filed.	n the earlier	of:	
Dated Avgust 29 2019			
Signature of a member of authorized representative of a member			
Typed or paroted name of Spring			

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Filing Fee: \$25.00