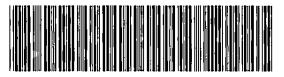
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COVER LETTER

	Registration Se Division of Cor						
eun iez	NOGADA	LLC					
SUBJEC	1:	Name of Limited Liability Company					
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please ret	urn all correspo	ndence concerning this matter	to the following:				
		LIDELIEN CADET					
	Name of Person						
		NOGADA LLC					
			Firm/Company				
	216 NE MIDFIELD LANE						
	Address						
	PORT ST LUCIE, FLORIDA, 34983						
			City/State and Zip Code				
	NOGADASUP@GMAIL.COM						
		E-mail address: (to be used for future annual report notif	ication)			
For furthe	er information co	oncerning this matter, please ca	all:				
LIDELIE	N CADET		786 4008702 at ()				
	Name of	Person	Area Code Daytime	Telephone Number			
Enclosed	is a check for th	e following amount:					
\$ 25.0	0 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

NOGADA LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our record ida Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Florida document number L18000151200	Company were filed on 06/20/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	i
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC	
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADL	ORESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg		s, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres.	s
	Tri.	orida
	City . F10	Zip Code

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>	Name	<u>Address</u>	Type of Action
AMBR	LIDELIEN CADET	216 NE MIDFIELD LANE. PORT ST LUCIE, FL. 34983	B Add
			☐ Remove
			□ Change
AMBR	NTOMBIZODWA PRECIOUS MASINGA-CADET	216 NE MIDFIELD LANE, PORT ST LUCIE, FL, 34983	Add
			Remove
			Change
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	06/15/2018
(If an effective date, if other than the date of (If an effective date is listed, the date must be spec Note: If the date inserted in this block doe document's effective date on the Departme	of filing: (optional) cific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) is not meet the applicable statutory filing requirements, this date will not be listed as the ent of State's records.
If the record specifies a delayed effect (b) The 90th day after the record is	tive date, but not an effective time, at 12:01 a.m. on the earlier of: filed.
Dated	
Jehl Ch	
Signatur	re of a member or authorized representative of a member
LIDELIEN CADET	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00