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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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Office Use Only



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A. BUTLER DEC - 2 2021

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: NGG	ada VVC		
-	Name of Limit	ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Ldel	ism CADET	
	1	Name of Person	
	$N_0$	159da LVC	
	78	Firm/Company	
	7.0.0030863		
		Address	
	Dalm beach	City/State and Zip Code  Code Code Code Code Code Code Code Code	33120
		City/State and Zip Code	
	Nogada Found address: 11	a be used for titure annual report noti	ication)
For further information of	oncerning this matter, please ca		
r . 6 f . /	Oncerning this matter, prease es	····	an n2
- NOKTIA	LAD (1	ar( 136), 400	8700
Name o	f Person	Area Code — Dayum	e Telephone Number
Durch and in a about fond	ha fallowing amount		
Enclosed is a check for the	<del>-</del>	77 055 WA DITE TO 10	E. CANDO PIETA PAR
\$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)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOGADA LLO	iability Company as it now appears on or Florida Limited Liability Company)	ır records.)
The Articles of Organization for this Limited Liabi Florida document number 4180001512	lity Company were filed on	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered office address I		s, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sti	eet address
		Florida
	City	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

Title Name Address Type of Action

MGR = Manager

Address Type of Action

MGR | MGR

	□Change
 	 □Add
	□Remove
	□Change
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	_ □Remove

□Change

Note	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
ord is	
Date	d 12-2-21
	12-2-21 fell Cild
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00