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manded J. Henrik v

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## **COVER LETTER**

Division of Cor	porations	•	
SUBJECT:	EFLA PROPE Name of Lim	RTIES LLC ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Picase return all correspo	ondence concerning this matter	to the following:	
	<u>Ju</u> 1	Name of Person  Properties L  Firm/Company	
	<u>Nefla</u>	Properties L	CLC
		'n Lake Drive	
	Jacksonvill	L FL 32221 City/State and Zip Code	
	Neflabre E-mail address: (	pberties 6 acl. co	fication)
For further information c	oncerning this matter, please ca	all:	
Julia J	A Person	at ( <u>904</u> ) <u>505</u> – Area Code Daytime	C365 e Telephone Number
Enclosed is a check for the	ne 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)
<b>24</b> W			

Registration Section

TO:

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



NEFLA	PROPERTIES UC 21 JUH 30 PM d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	2: 45
(Name of the Limit	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Li Florida document number <u>L 18 000 2 4 0</u>	ability Company were filed on 10/11/2018 and assign	ned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C	)."
Enter new principal offices address, if applications	ble:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u> </u>	
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office address on our records, enter the name of the new reshere:	<u>egistered</u>
Name of New Registered Agent:	Julia A Jane	
New Registered Office Address:	2285 Justin Laxe Drive  Enter Florida street address  Jackson ville Florida 32221	<del></del>
	Jackson ville Florida 32221 Zip Code	<del></del>

## 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 = M $AMBR = A$	anager uthorized Member	$\frac{1}{2} \left( \frac{\Delta x_{i}}{\Delta x_{i}} \left( \frac{X_{i}^{2}}{A_{i}^{2}} + \frac{X_{i}^{2}}{\Delta x_{i}^{2}} \right) \right)$	
<u>Title</u>	<u>Name</u>	Address 21 JUN 30 PH 2: 45	Type of Action
MGR	IOULIA FLAKOWICZ	2285 Justin Lake Drive	<b>2</b> □Add
		Jacksonville FL 32221	Remove
		2285 Justin Lake Drive	□Change
MER	Julia A. JANE	Jacksonville FL 32221	XAdd
			□Remove
			□ Change
			🗆 Add
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ted 6/25	LA	<u>'</u>	· ·			
nted <u>6/25</u>	Julia	ure of a member or a	authorized represen	tative of a membe	er ——	