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## **COVER LETTER**

TO:	Registration S Division of Co				
SURIF	<sub>CT:</sub> Nog	th River Mac	tial Arts	4	
3012012		Name of Lin	mited Liability Company		•
The encl	losed Articles o	of Amendment and fee(s) are su	bmitted for filing.		
Please re	eturn all corresp	ondence concerning this matte	r to the following:		
		Josh	ua Ledu	د	
			Name of Person		_
		Nev H.	River Mas	tial AAS LL	c
			Firm/Company		_
		1506	7th St WE Address	29	<del>-</del>
			Address		
		Palmetto	/ Florida City/State and Zip Cod	34221	
		11	City/State and Zip Cod	le L	
		Morth Of E-mail address:	ver bij @ gma (to be used for future annu	al report notification)	
For furtl	her information	concerning this matter, please		,	
	Joshua	Leduc	at ( 941 )	374 - 4253 Daytime Telephone Numb	
	Name	of Person	Area Code	Daytime Telephone Numb	ਖ਼ਾ
Enclose	d is a check for	the following amount:			
□ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fed Certified Copy (additional copy is c	Certific ackised) Certific	Filing Fee, cate of Status & ed Copy (all 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

The Articles of Organization for this Limited Liability Company	were filed on	12-06-	2018	and	assigned
Florida document number L 180 co 280 8 76					Ü
This amendment is submitted to amend the following:					
Ť					
A. If amending name, enter the new name of the limited liab	oility company	here:			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company." th	e designation "	LLC" or the abl	reviation	"L.L.C."
·					
Enter new principal offices address, if applicable:		·	· · · · · · · · · · · · · · · · · · ·		<del></del>
Principal office address MUST BE A STREET ADDRESS)					
			- <del> </del>	<del></del>	<u>.</u>
				РН	
Enter new mailing address, if applicable:			<u> </u>	<u> </u>	( <sub>tur</sub> )
Mailing address MAY BE A POST OFFICE BOX)				28	
WIGHING GOULEN WAT DE ALEUNT OFFICE DUNI					
WILLIAM GALLESS MAT BE AT UST OFFICE BUSY			<del></del> _		**
Walling duaress MAT DE ATOST OFFICE BOX					
	address on ou	r records, <u>e</u> n	ter the name	e of the	new regist
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on ou	r records, <u>e</u> n	iter the name	e of the	new registo
3. If amending the registered agent and/or registered office	address on ou	r records, <u>e</u> n	ter the name	e of the	new registe
3. If amending the registered agent and/or registered office	address on ou	r records, <u>e</u> n	iter the name	e of the	new regist
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on ou	r records, <u>e</u> n	iter the name	e of the	new regist
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:		r records, <u>e</u> n		e of the	new registo
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:		Torida street ad	ldress	e of the	new registe
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:		Torida street ad		Zip Co	

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

Type of Action

	rom our records:		
MGR = Ma	anager athorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of
AMBR	William Maley	5217 Levana Street	<b>∑</b> i Add

		Palmetto, A	34221	□Remove
				□Change
AMBR	Amanda Maley	5217 Levana	Street	<b>_X</b> iAdd
	J	5217 Levana Palmetto, FI	34221	□Remove
				□Change
	<del>,</del>			□Add
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ve date, if other than the date of filing:  September to date is listed, the date must be specific and cannot be prior to date if the date inserted in this block does not meet the applicable stant's effective date on the Department of State's records.		00 days after filing.)	
specifies a delayed effective date, but not an effective time, at so.	12:01 a.m. on the ea	arlier of: (b) The	90th day afte
2701 2024			