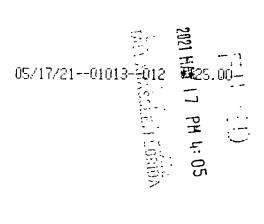
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		





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## **COVER LETTER**

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TO:

Registration Section Division of Corporations

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sunil T. Abraham		
		Name of Person	
	Abraham and Sweeney		
		Firm/Company	
	834 E. Rand Rd., Suite 3		
	-	Address	
	Mt. Prospect, IL 60056		
	<del></del>	City/State and Zip Code	
	nationalboardup@gmail.com	m	
	E-mail address: (	to be used for future annual report noti-	fication)
For further information o	oncerning this matter, please c	all:	
Sunil T. Abraham		954 588-5570	
Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fcc & 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 9 Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations
Tallahassee, 1			e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

National Board Up & Glass LLC	
(Name of the Limited Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fil	ed on 01-22-2019 and assigned
Florida document number L19000023708	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
National Properties "LLC"	22
The new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	<b>6</b>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address	on our records, <u>enter the name of the new registers</u>
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
<del>-</del>	Enter Florida street 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

<u>Title</u>	Name .	Address	Type of Action
	MA	<del></del>	□Add
	V		□Remove
			□Change
			□Add
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fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of filing  ote: If the date inserted in this block does not meet the applicable statutor ocument's effective date on the Department of State's records.	<b>(optional)</b> ng or more than 90 days after filing.) Pursuant to 605.020 y filing requirements, this date will not be listed as
ecord specifies a delayed effective date, but not an effective time, at 12:01 is filed.	a.m. on the earlier of: (b) The 90th day after the
ated May 1 2021	

Filing Fee: \$25.00