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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	es of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration So Division of Cor			
NX Investr	nents LLC		
SUBJECT:	Name of Lim	ited Liability Company	
		in 16 of Clina	
	Amendment and fee(s) are sub		
Please return all correspo	ondence concerning this matter	to the following:	
	Cornelius Crumity		
		Name of Person	
	NX Investments LLC		
		Firm/Company	
	66 West Flagler Street S	te 900	
		Address	
	Miami, FL 33130		
		City/State and Zip Code	
	info@nxinvestments.com		
	E-mail address: (	to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
Cornelius Crumity		786 868-2541 at ( )	
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	he 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)
Mailing Address		Street Address: Registration S	ection
Registration Division of C		Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NX Investments, LLC

2350 // Co (Name of the Limited Liability Company as it now appears on our records.)

(A F	lorida Limited Liability Company)	93/19
The Articles of Organization for this Limited Liabili Florida document number L19000043414	ity Company were filed on 02/12/2019	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC"	'or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<del>_</del>	
B. If amending the registered agent and/or regis agent and/or the new registered office address he		the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	5
New Registered Office Address:		orida

## 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 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Shirley-Ann Rhule	66 West Flagler Street Ste 900	MAdd
		Miami, FL 33130	□Remove
			☐ Change
			□Add
			Remove
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			□Add
			Remove
			☐ Change
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Effective date, if (	other than the date of filing	2:	(0)	ptional)
(If an effective date is li Note: If the date in	isted, the date must be specific and aserted in this block does not move date on the Department of S	cannot be prior to date of fineet the applicable statute	ling or more than 90 days a	fter filing.) Pursuant to 605.0207
he record specifies a ord is filed.	delayed effective date, but not	an effective time, at 12:	01 a.m. on the earlier of	: (b) The 90th day after the
		,·		
Dated				
Dated	<u></u>	elius Cruenty : The control of the c	r postfiller 3 t	

Filing Fee: \$25.00