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WILLAHASSEE FLORIDA

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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: NRY	South LLC Name of Limit	ited Liability Company	
The enclosed Articles of	'Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Nelida Sout	Name of Person	
	Ney South C	LC Firm/Company	······································
	4605 Sw 13	Firm/Company 9 cf Unit B Address N.S.	
	Milami, El	53 55 3517	
	neyrm 110	gmail. @m	ification)
For further information (concerning this matter, please ea		mean a,
Nelida South	of Person	at (786) 539 - Area Code Daytin	7 7 68 ne Telephone Number
Englosed is a check for t	the 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:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Cliffon Building 266) Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on OZ/19/219 ARY OF STEPF ASSEE, FLORING ASSIGNED ASSI This amendment is submitted to amend the following: 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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

If Changing Registered Agent, Signature of New Registered Agent

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>	Address (Jait B	Type of Action
MGR	Nelida South	4605 SW 139 ct Unit B	3175 D'Add
			□ Remove
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		, 4-4	Remove
			□ Change

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Signature of a member or authorized representative of a member	Dated	9/11/19
Signature of a member or authorized representative of a member		165040
$\alpha + \theta = -\infty$		Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee