# L190000 69753

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## **COVER LETTER**

	Name of Lim	ited Liability Company	
l Articles of	Amendment and fee(s) are sub	mitted for filing.	
all correspo	ondence concerning this matter	to the following:	
	Phillip Chesson, Mgr		
	-	Name of Person	
	Nahakama LLC		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	2260 5th Ave S. Suite 9		
		Address	
	St Petersburg, FL 33712		
	pchesson@nahakama.com	City/State and Zip Code	d-4-0
		·	rt notification)
iformation c	oncerning this matter, please ca	aff:	
son		727 744-39°	
Name o	f Person	Area Code D	aytime Telephone Number
check for th	ne following amount:		
iling 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)
•	n formation c	Articles of Amendment and fee(s) are sub all correspondence concerning this matter  Phillip Chesson, Mgr  Nahakama LLC  2260 5th Ave S. Suite 9  St Petersburg, FL 33712  pchesson@nahakama.com  E-mail address: ( information concerning this matter, please cases on  Name of Person  a check for the following amount:  Ciling Fee  \$30.00 Filing Fee &	Name of Limited Liability Company  If Articles of Amendment and fee(s) are submitted for fitting.  If all correspondence concerning this matter to the following:  Phillip Chesson, Mgr  Name of Person  Nahakama LLC  Firm/Company  2260 5th Ave S. Suite 9  Address  St Petersburg, FL 33712  City/State and Zip Code petesson@nahakama.com  E-mail address: (to be used for future annual report formation concerning this matter, please call:  Isson  Area Code  Name of Person  To Area Code  City/State and Zip Code petesson@nahakama.com  E-mail address: (to be used for future annual report formation concerning this matter, please call:  Stop  Name of Person  To City/State and Zip Code petesson@nahakama.com  E-mail address: (to be used for future annual report formation concerning this matter, please call:  Stop  Name of Person  To City/State and Zip Code petesson@nahakama.com  E-mail address: (to be used for future annual report formation concerning this matter, please call:  Stop  Name of Person  To City/State and Zip Code petesson@nahakama.com  E-mail address: (to be used for future annual report formation concerning this matter, please call:  Stop  Name of Person  E-mail address: (to be used for future annual report formation concerning this matter, please call:  Stop  Stop  Stop  City/State and Zip Code petesson@nahakama.com  E-mail address: (to be used for future annual report formation concerning this matter.)

MAILING ADDRESS:

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Registration Section Division of Corporations

TO:

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

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahussee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALBATROSS FINANCIAL LLC			
(Name of the Lim	ited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)	
The Articles of Organization for this Limited I Florida document number L19000069753	Liability Company were filed	on MARCH 12,2019 and assig	med
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability compa	iny 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 appli	cable:		
Principal office address MUST BE A STRE.	ET ADDRESS)	,-3	
Enter new mailing address, if applicable:		13	
Mailing address MAY BE A POST OFFICE	====== E BOX)	P) 5:	
		ν,	
		, 8	
B. If amending the registered agent and registered agent and/or the new registered of	• .	ess on our records, enter the name of	<u>f_the</u>
Name of New Registered Agent:	Scott Rowan		
New Registered Office Address:	2260 5th Ave S. Suite 9		
	En	ter Florida street address	
	St Petersburg	, 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Chesson Group LLC	1471 Noell Blvd	
		Palm Harbor, FL 34683	■ Remove
Mgr _ <b>membe</b> r	Nahakama, LLC	2260 5th Ave S. Suite 9	<b>-</b>
		St Petersburg, FL 33712	□ D
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Filing Fee: \$25.00