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APR 11 2019 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Neil Tonge Name of Person	
NEN Dealership 21C Firm/Company	
915 Jack Forest Are	
Orlando. FL 32828 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (407) 694-555) Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed) S25.00 Filing Fee SCERTIFICATE OF S10.00 Filing Fee SCERTIFICATE OF CERTIFICATE O	Status &

MAILING ADDRESS:

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 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

NHAI Dealership LL	
(Name of the Limited Liability (A Florida	ly Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	1
Florida document number <u>L] 9000 7164</u>	12
Florida document number <u>L[0000] [0]</u>	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here:
The new name must be distinguishable and contain the words "Limit	ited 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 ADDRI	RESS)
	TO THE PROPERTY OF THE PROPERT
Total and the state of the stat	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registoregistered agent and/or the new registered office address.	tered office address on our records, <u>enter the name of the neress here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
_	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered	d 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
President	Neil Tunge	915 Jado Porest Ave	B Add
		915 Jado Porest Ave Orlando, FL 32828	Remove
			Change
			_
			□ Remove
		 	□ Change
			Remove
			☐ Change
			Remove
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			Add
		· 	Remove
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Tective	e date, if other than the date of filing: (optional)
m effect o <mark>te:</mark> - If	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier of the day after the record is filed.
ıted	March 29. 2019.
	Signature of a member or authorized representative of a member
	Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00