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COVER LETTER

то:	Registration Sec Division of Corp		a '			
cunir		LDINGS GROUP, LLC		ا به ادار د		
SUBJE	C1:	Name of Lim	ited Liability Company			
The enc	losed Articles of z	Amendment and fee(s) are sub	omitted for filing.			
Please re	eturn all correspoi	ndence concerning this matter	to the following:			
		JAAFAR CHOUFANI				
			Name of Person			
		ALLEN, DYER, DOPPEI	.T & GILCHRIST, P.A.			
		Name of Person ALLEN, DYER, DOPPELT & GILCHRIST, P.A. Firm/Company 255 SOUTH ORANGE AVENUE, STE. 1401 Address ORLANDO, FL 32801 City/State and Zip Code JCHOUFANI@ALLENDYER.COM E-mail address: (to be used for future annual report notification)				
		255 SOUTH ORANGE A	VENUE, STE. 1401			
		·	Address			
		ORLANDO, FL 32801				
			City/State and Zip Code			
		City/State and Zip Code JCHOUFANI@ALLENDYER.COM				
		E-mail address: (to be used for future annual:	report notification)		
For furth	ner information co	ncerning this matter, please ca	all:			
JAAFA	R CHOUFANI		407 84	1-2330		
	Name of	Person	Area Code	Daytime Telephone N	umber	
Enclosed	d is a check for the	e following amount:				
■ \$ 25.	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	(osed) Ce	.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)	

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EAGLE HOLDINGS GROUP, LLC

(<u>Name of the Limited Liab</u> (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L19000093754</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
NV9, LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here Name of New Registered Agent:		e of the new registered
New Registered Office Address:		202
	Emer Florida street address	哥
	, Florida	<u></u>
	City	Zip Code
New Registered Agent's Signature, if changing Registe	red Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	l complete performance of my duties, and I am f agent as provided for in Chapter 605, F.S. Or, ered office address, I hereby confirm that the lin	amiliar with And if this document is
	If Changing Registered Agent, Signature of New Reg	zistered 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 **Address Type of Action Title Name** _____ □Change _____ 🗀 Add ______ Remove □Remove

_____ □Change

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Fan effective date is Note: If the date	other than the olisted, the date must inserted in this blo ive date on the De	be specific and o ock does not me	cannot be prior eet the applica	able statutory fil	more than 90 day	optional) s after filing.) Pursual s, this date will not	nt to 605.0207 (be listed as t
record specifies d is filed.	a delayed effective	date, but not a	in effective ti	me, at 12:01 a.m	on the earlier	of: (b) The 90th c	lay after the
	. 22		2021	_ ·			
Dated OCTOBE			01 l	 -			
Dated OCTOBE		Signature of a m	ember or author	orized representati	ve of a member		

Filing Fee: \$25.00