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| Certified Copies | _ Certificates | s of Status |
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| Special Instructions to f | Filing Officer: | |
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SECRETARY OF STATE
TALL AHASSEE, FLORIOA

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COVER LETTER

| Div | ision of Corp | porations | | |
|---------------|-----------------|--|---|---|
| CUDICT. | | dward Enterprises, LLC | | |
| SUBJECT: | | Name of Limi | ted Liability Company | |
| The enclosed | d Articles of A | Amendment and fee(s) are sub- | mitted for filing. | |
| Please returr | all correspo | ndence concerning this matter | to the following: | |
| | | Jared Nathaniel Goldman | | |
| | | | Name of Person | |
| | | Nathaniel Edward Enterpris | ses, LLC | |
| | | | Firm/Company | |
| | | 700 S. Harbour Island Blvd | I. Unit 839 | |
| | | | Address | |
| | | Tampa, FL. 33602 | | |
| | | jngoldman9@gmail.com | City/State and Zip Code | |
| | | E-mail address: (t | to be used for future annual report notific | ation) |
| For further i | nformation co | oncerning this matter, please ca | all: | |
| Jared Natha | niel Goldman | | 239 284-6226 at () | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclosed is | a check for th | e following amount: | | |
| ■ \$25,00 I | 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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Taliahassee, 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

| Nathaniel Edward Enterprises, LLC | | |
|--|--|-----------------------------------|
| (<u>Name of the Limited Liabili</u> (A Florida | ty Company as it now appears on our reco a Limited Liability Company) | ords.) |
| The Articles of Organization for this Limited Liability C | Company were filed on 04/11/2019 | and assigned |
| Florida document number L19000100190 | <u>_</u> . | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | ited liability company here: | |
| The new name must be distinguishable and contain the words "Lim | nited Liability Company," the designation "L | .LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDI | RESS) | |
| | | 2019 HOY |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | SE ≠ M |
| | | |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | | rds, enter the name of the n |
| registered agent and of the new registered office and | itess itere. | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street add | dress |
| | | 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> | Address | Type of Action |
|--------------|-----------------|---|----------------|
| MGR | Michael Moseley | 700 S. Harbour Island Blvd. Unit 839 | ■ Add |
| | | Tampa, FL. 33602 | |
| | | | Remove |
| | | | Change |
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| Swingholm will remain as v | vell, statuses unchanged. Thank you. | |
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| | 10/11/2019 | |
| n effective date is listed, the date m te: If the date inserted in this l | ne date of filing: Just be specific and cannot be prior to date of block does not meet the applicable state of State's records. | (optional) of filing or more than 90 days after filing.) Pursuant to 605.0207 tutory filing requirements, this date will not be listed as |
| record specifies a delaye The 90th day after the re | | ffective time, at 12:01 a.m. on the earlier of |
| October 11 ted | 2019 | |
| | | |
| | A | presentative of a member |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00