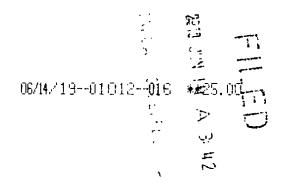
L19000103779

(Red	questor's Name)	
- (Ado	dress)	
(Add	iress)	
(Ĉity	//State/Zip/Phon	e #)
PICK-UP	WAIT	. MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	,
Certified Copies	Certificate	s of Status
Special Instructions to F		
<u>. </u>		

Office Use Only



100330271851



D SCOTT
JUL 1 2019

COVER LETTER

TO: Registration Se Division of Cor				
NITO JADI SUBJECT:	EN INVESTMENTS LLC			
SUBJECT.	Name of Lim	ited Liability Company		
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.		<u> 2</u> 27
Please return all correspo	ndence concerning this matter	to the following:	4	ات قشه پنجاب پریاب
	ISMAEL J LUGO			20 F 1 1 1 2 H2
		Name of Person		-0 P
	NITO JADEN INVESTM	ENTS LLC		i ii
		Firm/Company		- 3.
	1240 NE 24TH STREET			
		Address		_
	Name of Person NITO JADEN INVESTMENTS LLC Firm/Company 1240 NE 24TH STREET			
	Livelife1369@gmail.com	City/State and Zip Code		_
	= -	to be used for future annual report no	otification)	
For further information co	oncerning this matter, please ca	all:		
ISMAEL J LUGO		718 980-8449		
Name of	Person		me Telephone Numbe	er
Enclosed is a check for th	e following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of 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

DocuSign Envelope ID: 57A4C57B-4DEE-40F8-9B3B-AAE9D162D30F ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

nito tadan	Investments L	-HC		
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our recor la Limited Liability Company)	<u>'ds.</u>)		
The Articles of Organization for this Limited Liability of Florida document number 190010377	and ass	_ and assigned		
This amendment is submitted to amend the following:		•	22	
A. If amending name, enter the new name of the lim	nited liability company here:	·	28	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LL	C" or the abbro	eviation"L	.L.C.; 13
Enter new principal offices address, if applicable:		·	<u> </u>	
(Principal office address MUST BE A STREET ADD	RESS)		<u> </u>	·
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
		ds, <u>enter th</u>	name	of the nev
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street addro	255		
		lorida	Zip Code	
e Articles of Organization for this Limited Liability Company were filed on High prida document number 1900103779. It amending name, enter the new name of the limited liability company here: It amending name, enter the new name of the limited Liability Company here: It amending name must be distinguishable and contain the words "Limited Liability Company," the designation there new principal offices address, if applicable: Incipal office address MUST BE A STREET ADDRESS) It amending address, if applicable: It amending the registered agent and/or registered office address on our recistered agent and/or the new registered office address here: Name of New Registered Agent:		29/2000		

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 th 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

DocuSign Envelope ID: 57A4C57B-4DEE-40F8-9B3B-AAE9D162D30F in amending Authorized rerson(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	ANETTE MORALES	9525 85TH STREET QUEENS NY 11416	Add
			■ Remove
			☐ Change
			Add
			□ Remove
		·	☐ Change
		<u> </u>	;;;
			Remove
			Change
			Add
			Remove
			Change
			□ Remove
			☐ Change
			□ Add
			□ Remove
			Change

-							-		
	<u>-</u> .								
-									
						· <u>-</u>			
							<u>. </u>		<u>-</u>
								_	
							, 	رن <u>دی</u>	
							<u>`.</u>	<u>ر م</u> اغترا	۱۱
								ā 	
								=	
								>_	
) 	
								~>	
			•		<u>-</u>				
-									
							_		
						<u> </u>			
			06/12/19						
Effective date, if It an effective date is	other than the dat listed, the date must be a	e of filing specific and	:	to date of filing	or more than 9	(optic 0 davs after	nal) filing () l	Pursuant to	605 020
Note: If the date i	inserted in this block of	does not m	eet the applic	able statutory					
document's effecti	ive date on the Depart	iment of St	ate's records	•					
h	fine a delayed of	5				12.01 -		_ L t	-1:
	fies a delayed eff after the record		ate, but no	c an enecc	ve time, at	12:01 a	.m. o	n the ea	riier c
Dated	•								
			Samel	d by:					
			Isamel	ሥ ለ ዕ ታቸሃና ዊ represen					
									

Page 3 of 3

Filing Fee: \$25.00