L19000114126

(Requestor's Name)
(Address)
. (Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
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A. RAMSEY JUN 2 7 2022

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

<u></u>			_
Nanan Financial Ser	vices, LLC		
			-
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
orginature .			Vehicle Search
	- 		Driving Record
Requested by: SETH	06/24		UCC 1 or 3 File
	$-\frac{06/24}{Data}$	Time	UCC 11 Search
Name	Date	HHC	UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Nanan Fin	arcial Services, ited Liability Company	LLC
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Monica	Montero Name of Person	
	Naran Fina	relal Services LL	<u> </u>
	150 Alba	Imbra Circle,	ste 715
	Coral Gabl	City/State and Zip Code	
	momontero E-mail addiess: (a banesco. Com to be used for future annual report noti	fication)
For further information co	oncerning this matter, please c	all:	
Moni Ca	Montero	at (<u>305</u>) 742- Area Code Daytim	- 2270 ne Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Cl \$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:
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

FILED

OF 2022 JUN 24 AM 10: 57

Nana Financial S	Services, LLC sit now appears on our records.) htty Company)
The Articles of Organization for this Limited Liability Company wer	re filed on <u>04</u> /,30 <u>/>019</u> and assigned
Florida document number <u>L19000 114134</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
The new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
_	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
_	
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	ress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Villee Franceis.	Enter Florida street address
<u></u>	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as providing filed to merely reflect a change in the registered office adecompany has been notified in writing of this change.	rformance of my duties, and I am familiar with and vided for in Chapter 605, F.S. Or, if this document is

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>	Name	Address				Type of Action
MGR	Carlos Alberto Exotet	450	Como	Aue	nue	#Add
	Carlos Alberto Escotet	Coral (Sables	FL	33146	Remove
						Change
				···		[]Add
						□Remove
						DChange
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(If an of Nove:	ive date, if other than the date of filing: Ob/08/2022 (optional) ective 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 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as them?'s effective date on the Department of State's records.
he recor ord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
	June 3 2022
Dated	MOENA
Dated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00