L19000114126

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SEP - 7 2022 S. PRATHER

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Nanan Financial Services, LLC 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:

Monica Monter Naran Financial Services, LLC Firm/Company 150 Alhambra Circle, ste 715 Address Coral Gables FL 331324 City/State and Zip Code Momontero & banesco. Com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (<u>305</u>) <u>742-2270</u> Area Code Daytime Telephone Number Name of Person

Name of Person

Enclosed is a check for the following amount:

\$ \$25.00 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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

	ES OF AMENDMENT TO	
ARTICLE	S OF ORGANIZATION OF	
(<u>Name of the Lumited Liabil</u> (A Florid	incial Services, LLC ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on $04/36/3077$	and assigned
Florida document number <u>L19000114174</u>	·	
This amendment is submitted to amend the following:		9: LI ORID
A. If amending name, <u>enter the new name of the lim</u>	iited liability company here:	<u>»</u> O
The new name must be distinguishable and contain the words "Lin	nited Liability Company. The designation "LLC or the a	abbreviation "L.L.C.
Entagenous pulsainal affinas additions of another the		
Enter new principal offices address, if applicable:		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD)	<u>RESS)</u>	
	<u>RESS)</u>	
(Principal office address MUST BE A STREET ADD)	<u>RESS)</u>	
(Principal office address MUST BE A STREET ADD) Enter new mailing address, if applicable:	<u>RESS)</u>	
(Principal office address MUST BE A STREET ADD) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ne of the new registered
(Principal office address MUST BE A STREET ADD) Enter new mailing address, if applicable:		ne of the new registered
 (Principal office address MUST BE A STREET ADD) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere 		ne of the new registered
 (Principal office address MUST BE A STREET ADD) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere 		ne of the new registered
 (Principal office address MUST BE A STREET ADD) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere agent and/or the new registered office address here: 	ed office address on our records, <u>enter the nar</u>	ne of the new registered
 (Principal office address MUST BE A STREET ADD) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere agent and/or the new registered office address here: Name of New Registered Agent: 		ne of the new registered

New Registered Agent's Signature, if changing Registered Agent:

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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.

¹ If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
MGR	Carlos Alberto Exotet	450 Como Amenue	Add
		450 Como Amenue Coral Gables FL 33146	🗆 Remove
			🗆 Change
. <u></u>			🗆 Add
			🗆 Remove
			□Change
			🗆 Add
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ffectiv	re date, if other than the date of filing: $06/08/2033$ (optional)	
an effe	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 60	5.0207 (3
ote: 1 ocume	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list nt's effective date on the Department of State's records.	ted as th
record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
is file	α.	
ated _	June 3 2022	
	MACIN	202
	which's	ی ال 2
	Signature of a member or authorized representative of a member	01 :5 WY LI MAR 2:10
		7
	Carlos Alberto Escotet	

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