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JUN 2 1 2019 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT:	NANEXBP LI	LC ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	LORENA	FELDMAN, ES P. Name of Person	•	
	FELDMAN	& ASSOCIATES Firm/Company		
	2750 NE 1	85 87 # 202 Address	 	
	AVENTURA, 1	FL 33180 City/State and Zip Code ELDMAN CLASINGS	. CDA4	
For further information	E-mail address: (concerning this matter, please concerning this matter)	ELDMAN CLOSIN 65 to be used for future annual report notificall:	cation)	
LORENA Name	FELDMAN, ES	4. at (766) 286 Area Code Daytime	75699. Telephone Number	
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

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

- NWEXBL TT	<u>, C</u>
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co. Florida document number	ompany were filed on 05/15/2019 and assigned 006.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDR	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5. 3
B. If amending the registered agent and/or regist registered agent and/or the new registered office address Name of New Registered Agent:	ered office address on our records, enter the name of the new less here:
N. D. 1007 A.H.	
New Registered Office Address:	Enter Florida street address
	FI 11
New Registered Agent's Signature, if changing Degistered	•

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>	Name	Address	Type of Action
<u>mgr</u>	Pipino, Ricardo F.	2750 NE 185 2 # 202 AVENTURA, FL 33180	X Add
			Remove
			Change
			Remove
			□ Change
			Add
			□ Remove
			Change
			Add
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			Change
			□ Add
			🗆 Remove
			Change
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			□ Remove
			Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
(If an o	ctive date, if other than the date of filing:
the r	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of se 90th day after the record is filed.
Date	d_06/06/ , 2019
	Signature of a member authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00