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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
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(Document Number)		
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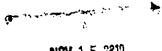
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### **COVER LETTER**

Division of Cor	porations		
SUBJECT:N		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Abu N	Name of Person	<del></del>
	NG ATM	15 LLC Firm/Company	
	5143 6	Tlencove In Address	
	West M	M Beoch FL City/State and Zip Code	., 33415
	Abu Nohi d E-mail address: (t	787 @ OMail. Cor	fication)
For further information c	oncerning this matter, please ca	all:	
Abu Name o	Monhid (Person	at ( <u>561</u> ) <u>000</u> Area Code Day time	- 570 2 e Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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 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

(Name of the Limited Liability Compa	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number \(\bigcup \Q\O\O\\45700\).	were filed on 05/31/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.I.C" or the abbreviation "L.I.C."
Enter new principal offices address, if applicable:	5/43 Glencove in .
(Principal office address MUST BE A STREET ADDRESS)	West Dam Beach, &
	FL 33415 = 9
	22
Enter new mailing address, if applicable:	5143 Glenwor In, = II
(Mailing address MAY BE A POST OFFICE BOX)	West parm Beach, - 99
	FL 33415 5
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, <u>enter the name of the new</u> e:
Name of New Registered Agent: Abu	Nahid
New Registered Office Address: 5143	Enter Florida street address
West Doi	M Beach Florida 33415  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 Pers-in(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
MUR	Kyle Johnston	1335 Pines In,	
		West form Beach,	Remove
		EL, 33415	Change
MGR	Abu Nohid	5/43 Glexoue in	
	West MIM Beach, FL, 33415	Remove	
		FL, 33415	Change
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			Remové ;
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fective date, if other than the date of filing: (or neffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days or neffective date.	e <b>ptional)</b> after filing ) Pursuant to 605 0207
te: If the date inserted in this block does not meet the applicable statutory filing requirements, cument's effective date on the Department of State's records.	
Annelli S effective date on the Began time in State S (eco) ds.	
record specifies a delayed effective date, but not an effective time, at 12:0	11 a.m. on the earlier of
The 90th day after the record is filed.	34.
The 90th day after the record is filed.	19 <b>(</b>
ted OCHOBEV 5 . 2010 .  Signature of a member or authorized representative of a member	19 <u>06</u>
the 90th day after the record is filed.  The 90th day after the record is filed.	19 00 † 23 A)

Page 3 of 3

Filing Fee: \$25.00