# 119000220173

(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:		
J. HORNE		
JUN 1 / 2022		

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SECRETARY OF SHAPE

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## **CORPORATE**

ACCESS,

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALKIN			
		PICK	UP: 6/16 DANNY
2	XX	CERTIFIED COPY PHOTOCOPY	
2	XX	CUS	GS
2	XX	FILING	LLC AMEND
1.		NHNF LLC (CORPORATE NAME AND DOCUME	1ENT #)
2.		(CORPORATE NAME AND DOCUME	1ENT #)
3.		(CORPORATE NAME AND DOCUME	TENT #)
4.		(CORPORATE NAME AND DOCUME	IENT #)
5.		(CORPORATE NAME AND DOCUME	IENT #)
6.	-	(CORPORATE NAME AND DOCUME	IENT#)
SPEC INST		L CTIONS:	
		<del></del>	

#### **COVER LETTER**

	on Section f Corporations		
	FLLC		
SUBJECT:Name of Limited Liability Company			
The enclosed Articl	es of Amendment and fee(s) are sub	mitted for filing	
	respondence concerning this matter	_	
	Linder, Judah		
		Name of Person	
	NHNF LLC		
		Firm/Company	
20390 NW 36TH CT			
Address		<del></del>	
	Miami, FL 33056		
		City/State and Zip Code	<del></del>
	nhnfllc@gmail.com	to be used for future annual report noti	<del>C. V </del>
For further informat	ion concerning this matter, please ca	·	neamny
Linder, Judah Name of Person		786 440-1523 at()	
		Area Code Daytime	e Telephone Number
Enclosed is a check	for the following amount:		
□ \$25.00 Filing Fe	Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Ad		Street Address:	
	on Section of Corporations	Registration Sec	
P.O. Box		Division of Corp	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		- %与 <b>~</b> 一
NHNF LLC		
(Name of the Limited Liability Company a (A Florida Limited Liabi	is it now appears on our records.)	
The Articles of Organization for this Limited Liability Company we Florida document number 1.19000220173		and assigned
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 "LEC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDRESS)	_ <del>_</del>	
_		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	<u>.</u>	
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 na	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	F1	

#### 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.

Cin

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

Title	<u>Name</u>	Address	Type of Action
MGR	NOEL HARVEY	3425 NW 204TH TER	□ Add
		MIAMI GARDENS FL 33056	
			□Change
MGR	EDDIE D LINDER	20390 NW 36TH CT	
		MIAMI GARDENS FL 33056	
			Change
<del></del>			
			□Remove
			Change
			□Add
			□Remove
			□Change
<del></del>			DAdd
			□Remove
			□ Change
<del>-</del>			DAdd
			□ Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
<del></del>	
_	
wore: it t	date, if other than the date of filing:  ve 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 605.020 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a 's effective date on the Department of State's records.
e record sp rd is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
JUJ Dated	NE 16TH 2022
	$\mathcal{T}_{1}$
	Signature of a member or authorized representative of a member
	EDDIE D LINDER  Typed or printed name of signee

Filing Fee: \$25.00

### **LETTER OF AUTHORIZATION**

1, todge Duder	, AUTHORIZE CORPORATE ACCESS
TO CHARGE MY CREDIT/DEBIT CARD	ONLY \$
I UNDERSTAND THERE IS NO RECOURS	SE FOR CHARGEBACK, AND I WILL
NOT REVERSE CHARGES.	
CARD NUMBER:DO NOT LIST H	ERE, CALL WITH NUMBER
NAME AS IT APPEARS ON CARD:	
EXPIRATION DATE: 08 27	
V-CODE(on back of card):DO NOT	LIST HERE, CALL WITH NUMBER
COMPLETE BILLING ADDRESS:	
20390 NW 36th C+ STRATET # AND NAME CITY	Maniburdens FL 33056
STREET # AND NAME CITY	STATE ZIP
06/16/2022	786.440.1523 PHONE # (REQUIRED)
SIGNATURE DATE	PHONE # (REQUIRED)
	09/19/1946