

L19 0000 238694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

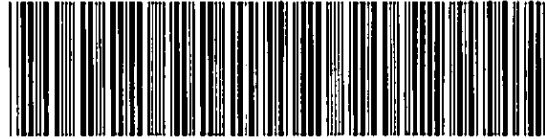
(Business Entity Name)

(Document Number)

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600370081376

*Amend*

07/22/21--01014--008 \*\*55.00

2021 JUL 22 PM 12 46  
CLERK OF COURT  
JUL 22 2021

FILED

AUG 06 2021  
A RAMSEY

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NAR, 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:

DARYNA SEMENIUK  
Name of Person  
BALLON STOLL P.C.  
Firm/Company  
810 SEVENTH AVE. SUITE 405  
Address  
NEW YORK, NY 10019  
City/State and Zip Code  
dsemeniuk@ballonstoll.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DARYNA SEMENIUK 212 575-7900  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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  
OF

FILED  
2021 JUL 22 PM 12:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NAR, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/20/2019 and assigned  
Florida document number L19000238694

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 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida

City

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ROJO, NICHOLAS	4521 PGA Blvd #103	<input type="checkbox"/> Add
		Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
MGR	RAN Management Services Corporation	613 NW 3RD AVENUESUITE 104	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33311	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
AMBR	NAR ENTERPRISES, LLLP	2140 S Dupont Hwy,	<input checked="" type="checkbox"/> Add
		Camden, DE 19934	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

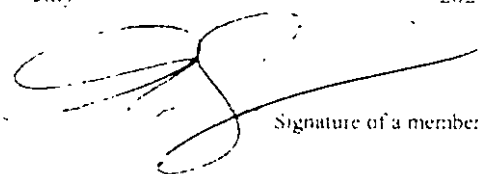
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 the record is filed

Dated July 13 2021



Signature of a member or authorized representative of a member

ROJO, NICHOLAS

Typed or printed name of signee

Filing Fee: \$25.00