L1900) 246 496

| (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: |
| |
| |
| |

Office Use Only



000336770550

11/18/19--01822--012 **25.00

2019 NOV 18 AN E- 49
SECRETARY OF STATE
AND SEER FLORID.

Y SINKER

COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|---|---|--|
| | | 10 | |
| SUBJECT: | C 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/ | | |
| | / Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | Frankly | Name of Person | |
| | Linducia | Eleration in the Firm/Company | |
| | 20 BCX 43 | 279/ Address | |
| | (A linka | AABCS/I _City/State and Zip Code AMACCO ALCO ATUCA to be used for future annual report notif | |
| | 1 1) Six Ly (3) E-mail address: (| MINUTELL OF LEGITICA to be used for future annual report notif | UCCONC leation) |
| For further information c | oncerning this matter, please co | all: | |
| Name o | (160) Person | at (<u>404)</u> 134-6 Area Code Daytimo | Telephone Number |
| Enclosed is a check for the | ne 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

| NNC Agacy | LC | |
|--|---|------------------------------------|
| (Name of the Limited | Liability Company as it now appears on our re Florida Limited Liability Company) | cords.) |
| The Articles of Organization for this Limited Liab | | 30/9 and assigned |
| This amendment is submitted to amend the follow | ring: | |
| A. If amending name, enter the new name of the | he limited liability company here: | |
| The new name must be distinguishable and contain the word Enter new principal offices address, if applicab (Principal office address MUST BE A STREET) | le: | 'LLC" or the abbreviation "L.L.C." |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | <u></u> | 2019 MOV |
| B. If amending the registered agent and/or registered agent and/or the new registered offic | | ords, enter the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street ac | |
| | City | , Florida 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> | Type of Action |
|--------------|-----------------|--|----------------|
| MGB | Vorman Chair Jr | 3021 NW 190th St Miami Clardens, fl 3 | E Add |
| | | Miami Cravdens, fl 3 | Remove |
| | | | ☐ Change |
| | | | |
| | | | Remove |
| | | | □ Change |
| | | | 🗆 Add |
| | | | Remove |
| | | | ☐ Change |
| | <u> </u> | | |
| | | | □ Remove |
| | | | ☐ Change |
| | | | D Add |
| | | | □ Remove |
| | | | Change |
| | | | 🗅 Add |
| | | | Remove |
| | | | ☐ Change |

| • | |
|-------------------------|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | · |
| | |
| | |
| | |
| | |
| - | |
| | |
| | |
| | |
| | |
| | |
| | |
| (If an e <u>Note</u> | tive date, if other than the date of filing: |
| if the re (b) Th | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed. |
| Dated | Signature of a member or authorized representative of a member |
| | |
| | Signature of a member or authorized representative of a member |
| | Typed or printed name of signee |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00