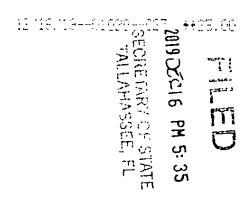
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(Re	equestor's Name)	. .
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Dx	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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O SIMMONS JAN 16 2020

COVER LETTER

FO: Registration Sec Division of Corp		,	
SUBJECT:	NAPA Resegn	d UC	
	/ Name of Limit	led Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	Naval F	OATIKN Name of Person	<u>. </u>
	Napa Rese	Firm/Company	
	_ I wast S	ample Rd #	201
	Pempano	BRACH FL 3	33064
	E-mail address: (t	o be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	ail:	
Naval Pa Name o	YKK f Person	at (<u>843</u>) <u>CO) C</u> Area Code Daytime	1338 · 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)	☐ \$60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)
		Carrest Additions	

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

Naon Keseuri	un lll
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the abbrevation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the name of the new register
Name of New Registered Agent:	
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
	Enter Florida street address Florida

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 **Type of Action** Address Title West Sample Rd. ZAdd

Suite #201
Pompano Beach, FL 33069

Remove Princetor NAVAL PARIKL MBR Magda Hernandez 2748 NE 14" St ____ DAdd FORT Laudordale FU 33 304 Kremove 20 Change □Remove

_____ Change

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fective date, if other	er than the date of fi I, the date must be specific ted in this block does n ate on the Department	c and cannot be prior to not meet the applicab	date of filing or more ole statutory filing re	than 90 days aft	t ional) er filing.) P nis date wi	ursuant to 6	605.020 isted a
te: If the date insert					(b) (1b) (90th day a	fter the
ote: If the date insert forment's effective d record specifies a dela	ayed effective date, but	not an effective tim	e, at 12:01 a.m. on	the earlier of:	(0) The		
ote: If the date inser- ocument's effective d	/19	not an effective tim	<u>.</u> .		(t) The		