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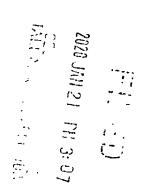
(Re	equestor's Name)	_
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

Division of C	Corporations		
NAVAJ	OARCH, LLC		
SUBJECT:	Name of L	imited Liability Company	
The enclosed Articles	of Amendment and fee(s) are s	ubmitted for filing.	
Please return all corres	pondence concerning this matt	er to the following:	
	WILLIAM J. GALLO		
		Name of Person	
	NAVAJOARCH, LLC		
		Firm/Company	
	1311 W NEWPORT CEN	NTER DRIVE, SUITE A	
		Address	
	DEERFIELD BEACH, F	L 33442	
		City/State and Zip Code	
	WGALLO@GALLOHER E-mail address:	BERT.COM (to be used for future annual report no	outication)
For further information of	concerning this matter, please o		,
LAURA THOMPSON		954 480-2800	
Name o	f Person	at () Area Code Dayti	me 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 S		<u>Street Address:</u> Registration Se	ection
Division of Co		Division of Co	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

NAVAIOARCH LLC

nany as it have appears on our room	de V		-
Liability Company)	<u>us.</u>)		
y were filed on 11/15/2019		and :	assigned
bility company here:			
ility Company," the designation "LLC	C" or the a	bbreviation "	L.L.C."
<u> </u>			
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Enter Florida street address		· 📆	<u> </u>
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	bility company here: bility Company," the designation "LLC	bility company here: ility Company," the designation "LLC" or the a	bility company here: bility Company," the designation "LLC" or the abbreviation " address on our records, enter the name of thene

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>	Address	Type of Action
MGR	SUSAN N GALLO	4010 NE 3OTH AVENUE	□ Add
		LIGHTHOUSE POINT, FL 33064	O n
			□Change
			□Add
			□Remove
			(]Change
			□Remove
			□Change
		 	□Add
			□Remove
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			□Remove
			□Change

	
	
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Tective date, if other that in effective date is listed, the da	n the date of filing: (optional) te must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
ote: If the date inserted in t	this block does not meet the applicable statutory filing requirements, this date will not be listed as
eument's effective date on	the Department of State's records.
ecord specifies a delayed et: is filed.	fective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
December 30	2019
1/18	$\frac{1}{2}$
- Mga	Signature of a member or authorized representative of a member
/)/\	
William J. Gallo, M	lanager
·	Typed or printed name of signer