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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:
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1/6/21

COVER LETTER

TO: Registration Section Division of Corporations		•
SUBJECT: Native	Management LLC. Name of Limited Liability Company	
The enclosed Articles of Amendment a	and fee(s) are submitted for filing.	·
Please return all correspondence conce	rning this matter to the following:	
	Jaime Sturgis Name of Person	
	Native Management Firm/Company	· · · · · · · · · · · · · · · · · · ·
	719 NE 2nd Avenue	···
	Ft. Laude Wale FL 3330 City/State and Zip Code	74
	IS@ Native Real E-mail address: (to be used for future annual report notification	y i cum
For further information concerning this	·	
Jame of Person	at (954) 383-2 Area Code Daytime Tel	J289 lephone Number
Enclosed is a check for the following a	mount:	
\$\$\\$\\$\$\$5.00 Filing Fee \$30.00 Certifi	Filing Fee & S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section	_
Division of Comprations	Division of Company	// -*:

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 TO ARTICLES OF ORGANIZATION OF

Native	Managem	ent LLC	•		
(Name of the Limited (A	Liability Company as it Florida Limited Liability	now appears on our Company)	records.)		
The Articles of Organization for this Limited Liab		iled on 12	176/2019	and assigned	•
This amendment is submitted to amend the following	ing:				
A. If amending name, enter the new name of th	e limited liability co	mpany here:			
The new name must be distinguishable and contain the word	s "Limited Liability Com	pany," the designation	"LLC" or the abbr	eviation "L.L.C."	-
Enter new principal offices address, if applicabl	le:				_
(Principal office address MUST BE A STREET A	ADDRESS)		·-·-	029 C	-
				- 5 - 1 -	
Enter new mailing address, if applicable:			.,		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	·	 	. = U	
B. If amending the registered agent and/or regi agent and/or the new registered office address h	stered office addres <u>sere:</u>	s on our records, g	enter the name	of the new registe	<u>red</u>
Name of New Registered Agent:	Jo	ime Sto	rgis		-
New Registered Office Address:	719	NE 2nd Enter Florida street	AULNUC address	·	
· -	Ff. Laude	rdale	Florida	33304 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>	Address	Type of Action
MGR	Corlos Saez	719 NE and Auchue	□ Ad d
		719 NE and Avenue Ft. Lawbrible FL 33304	XRemove
			□Change
			□Add
			□Remove
			2000 DE CA-7
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fective o	ate, if other than t	the date of fili	ng:	1//30/20		(optional)	
m effective ote: If th	e date is listed, the date in this date in this	must be specific a s block does not	nd cannot be prion	r to date of filing cable statutory	or more than 90 day filing requiremen	rs after filing.) P ts. this date wi	ursuant to 605,020 H not be listed :
cument's	effective date on the	Department of	State's record	S.			
ecord spe	cifies a delayed effec	tive date, but no	ot an effective	time, at 12:01 a	m. on the earlier	of: (b) The 9	Oth day after th
is filed.							
	L) /	20	2-2-				
ited	November	30		<u>}</u>			
] //			
			1 /				
		Signature of	Linember ar auti	orized parecent	tive of a member		-

Filing Fee: \$25.00