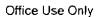
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
<u></u>
(Business Entity Name)
(Dannes A Nambar)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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LLC

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April 21, 2020

JACQUELINE C LINDSEY 2911 STE E NORTH MILITARY TRAIL WEST PALM BEACH, FL 33409

SUBJECT: NFE LLC

Ref. Number: L20000007724

We have received your document for NFE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 3 is missing. Please find enclosed and include the missing page.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 720A00008324

Rebekah White Regulatory Specialist II Supervisor

www.sunbiz.org

COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: 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:
NFE LLC Firm/Company
2911 Suite E Worth Militery Trail
West Palm beach 41 33409 City/State and Zip Code
Gacki et adsay 33 (v) yahoo war E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jordan at (Sb) 628-4596 Name of Person at (Sb) 628-4596 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

10 m)
ARTICLES OF O	RGANIZATION 8
0	F 发发
NFE (Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000007724</u>	were filed on UHOH 2D and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2911 suile E
(Principal office address MUST BE A STREET ADDRESS)	Worth military Trail Wost Palm boach 4/32
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE <u>BOX)</u>	Same as above
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registe
Name of New Registered Agent:	noline C. Lindsay
New Registered Office Address:	Enter Florida street address Palm boach Elorida 33409 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 t 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ad or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
Owner/	garquelrie C. Lindeay	4457 Dalitarace Dr Greenacios 41 3346	1ZÁdd
			□Remove
Plage			□Change
Owner	Jist me of Athis LLC		□Add
1 : ~ ~	72FF00000		□Remove
L L1	000007124		□Change
Then	K-404		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	
	C/U/DD
ective n effec	e date, if other than the date of filing: (optional) ive 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 605.02
te: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at t's effective date on the Department of State's records.
cullici	is elective date on the Department of State S records.
ecord :	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
is filec	
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ted	>/4/20
	1 Knukary
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member OCGUQUE C LINCOU Typed or printed name of signee

Filing Fee: \$25.00