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TO:

Registration Section

Tallahassee, FL 32314

Division of Corp	porations		
епвисст. ИМ	D SERVICES	S LLC	
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter to	o the following:	
	NESTOR	F MAQTINE Name of Person	<u>Z</u>
		Firm/Company	
	1202 LAKE	VIEW DQ EA	ST
	ROYAL DALL	A BEACH FL City/State and Zip Code	33411 L.FU DEMAIL. COM
	FABIAN MART	TINEZMADICHAI	L.FM/EMAIL.COM
For further information co	oncerning this matter, please ca		
NESTOQ F	MAQTINE 2 Person	at (<u>50</u>) <u>351 -</u> Area Code Daytime	3903 e 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 9 Division of C P.O. Box 632 Tallabassee	Section Forporations 17	Street Address: Registration Set Division of Cor The Centre of T	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



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NND SERVICES	> LLC
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ied Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L-2006CO38996</u> .	any were filed on 02 03 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	iability company here:
The new name must be distinguishable and contain the words "Limited I.	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:

Thereby 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 orligations 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. Thereby 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

Title	<u>Name</u>	Address	Type of Action
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		20VAL PALM BCH FL 832	∰ □Remove
			□Change
		<u> </u>	□Add
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<u>e</u> Eithe !	e, if other than the te is listed, the date me are inserted in this before the date on the I	elook does not i	neet the applical	date of filing or mole statutory Flin	ore than 90 days after the grequirements the	ional) r filing.) Pursuant to 605. is date will not be liste
filed.						b) The 90th day after
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Filing Fee: \$25.00