L20000083427

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COVER LETTER

TO:

Registration Section

Division of Cor	porations						
4186 Dairy	· Ct LLC						
Name of Limited Liability Company							
5							
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	Thomas Narut						
		Name of Person					
	4186 Dairy Ct LLC.						
		Firm/Company	· · · · · · · · · · · · · · · · · · ·				
	2237 Grayling Street						
		Address					
	Orlando, FL 32820						
		City/State and Zip Code					
	tnarut22@gmail.com						
For further information o	oncerning this matter, please c	to be used for future annual report no	urication)				
	oncertaing this matter, picase c						
Thomas Narut		321 945-7849 at ()					
Name o	f Person	Area Code Daytii	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	Section	Street Address: Registration S					
Division of C P.O. Box 632		Division of Co The Centre of	•				
Tallahassee, I		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 OCT 12 PH 4:33

4186 DAIRY CT LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records) LAHASSEE, Fluis
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 03/16/2020 and assigned Florida document number _L20000083427 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: nit management LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 19048 E. Colonial Drive Enter new principal offices address, if applicable: Orlando, FL 32820 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida Citv

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
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			□Remove
			Change
			□Add
			□ Remove
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Filing Fee: \$25.00