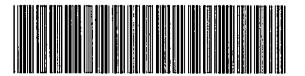
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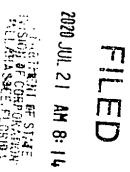
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SEP 04 2020 S. YOUNG

COVER LETTER

TO: Registration Section

Divi	ision of Cor	porations		
aun iner	NOLA Acq	uisitions Management, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Adrian P. Zeno		
		 .	Name of Person	
		Zeno Law Office		
			Firm/Company	
		401 S. LaSalle St. 801P		Daytime Telephone Number See & S60.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)
			Address	
		Chicago, IL 60605		
		adrian_zeno@zenolawoffic	City/State and Zip Code	
			to be used for future annual report no	tification)
For further in	formation co	oncerning this matter, please co	all:	
Adrian P. Ze	no		312 281-0394	
	Name of	Person		me Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Reg	ling Address gistration S		-	
P.O	. Box 632	7	The Centre of	Tallahassee
Tal	lahassee, F	L 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOLA Acquisitions Management, LLC

(<u>Name of the Limited Li</u> (A Fl	iability Company as lorida Limited Liabili	it now appears on our records	
			ALLE THE THE THE THE THE THE THE THE THE TH
The Articles of Organization for this Limited Liabili	ity Company were	: filed on March 30, 2020	and assigned
Florida document number L20000092730	·		23.5
This amendment is submitted to amend the following	ıg:		TO SEE SEE
A. If amending name, enter the new name of the	limited liability	company here:	
The new name must be distinguishable and contain the words	"Limited Liability Co	ompany," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	: <u> </u>		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET AL	DDRESS)	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
	_		
D. If we are discrete to the control of the control			h
B. If amending the registered agent and/or regist agent and/or the new registered office address he		ess on our records, <u>enter t</u>	ne name of the new registered
Name of New Registered Agent:			
Name Parietored Office Address			
New Registered Office Address:		Enter Florida street address	
		, Flo	rida
		City	Zip Code
New Registered Agent's Signature, if changing Regist	stered Agent:		
I hereby accept the appointment as registered agreewisions of all statutes relative to the proper an	nd complete perf	ormance of my duties, and	d I am familiar with and
accept the obligations of my position as registere being filed to merely reflect a change in the regis	stered office addi	•	
company has been notified in writing of this chan	nge.		

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	Stephanie W. Toliver	630 Kingsley Ave. Orange Park, FL 32073	# PALM()
			□Remove
			a Change
			□ Add
			□Remove
			□Change
			□Add
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Tective date, if other than t			(optional)
			D days after filing.) Pursuant to 605.0207 ments, this date will not be listed as
ocument's effective date on the			ments, this date will not be used as
record specifies a delayed effect is filed.	tive date, but not an effective t	ime, at 12:01 a.m. on the ear	rlier of: (b) The 90th day after the
July 15	2020		
ated		<u></u>	
	\sim	THAAA	
		object representative of a mem	

Typed or printed name of signce