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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	Nerf En Name of Limi	M UP LLC ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are subt	nitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	Britn	ey Bridge 5 Name of Person	
		Firm/Company	
	135 W	J 22nd Stree	2+
_	Jackson Britney. B	OUNLE FL 327 City/State and Zip Code indges 84@ gma o be dised for future annual report n	206 11 · Com
For further information cond	cerning this matter, please ca		
Britney Br Name of Pe	idges :rson	at (GDU) Area Code Days	ine Telephone Number
Enclosed is a check for the f	following amount: □ \$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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

Neif Em UP	LLC	
(Name of the Limited Liability Compar (A Florida Limited L	was it now appears on our reconstility Company)	ords.)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L2000 i 0254</u> !	were filed on <u>ADIT</u>	15 ZCZO and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(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 a agent and/or the new registered office address here:	ddress on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	iress
		Florida
	7 411	2-9/ \ 1/GH

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
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
		-	□Remove
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ated	April 1	15	= 2020	·			
		Signature o	t a member or author	orized represent	nive of a member	<u></u>	
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