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COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT:	Nemat L	LC-	
30 5 500.		mited Liability Company	_
	Amendment and fee(s) are sul	-	
Please return all correspo	endence concerning this matter	r to the following:	
	Sus	Sana Vazquez Name of Person	
	186 5	- Bear Point Firm/Company	Drive.
	Lake	- Placid, FL Address	33852 .
	E-mail address:	City/State and Zip Code SVA7.GVB (to be used for future annual report rotifications)	2400. COM
For further information co	oncerning this matter, please o		-
Silsano Name o	a Varquez f Person	at (305) 904 Area Code Daytime	1897 Telephone Number
Enclosed is a check for th	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 Addres Registration S Division of C	Section	Street Address: Registration Sec	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nemat	LLC.	
(<u>Name of the Limited Liability Compar</u> (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	were filed on 5/14/2020 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)	Susana Vazquez 186 S. Bear Point Driv	E
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Susana Vazquez 186 S. Bear Point Dri Lake Placid FL 33850	- V
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered	<u>d</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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 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 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
42	Susana Vazquez	50% 1865. Bear Point Driv Lake Placid FL 33852	2 Add
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			□Remove
			🗆 Change
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			□Remove
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			DAdd
			Remove -
			Change
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			Change
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f amen	ding any oth	er information,	enter cha	nge(s) here:	(Attach add	litional she	ets, if neces	sary.)	٨
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an effect lote: If	ive date is listed, the date inserte	er than the date of the date of the date must be speed in this block do to on the Departm	ecific and cal	nnot be prior to t the applicab		r more than 9		ling.) Pursuan	
record s is filed	-	yed effective date,	but not an	effective time	e, at 12:01 a.i	n. on the ea	arlier of: (b)	The 90th da	ay after the
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				DV ,	\supset				
		Signat	ure of a mer	nber or authori	zed representat	ive of a men	nber		
					<i>(</i>)				
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