L20000 134958

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Office Use Only



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COVER LETTER

	ation Section n of Corporations	
	JFACIAL LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed A	ticles of Amendment and fee(s) are submitted for filing.	
Please return al	correspondence concerning this matter to the following:	
	LOVETTE DOBSON	
	Name of Person	
	INCFILE.COM LLC	
	Firm/Company	
	17350 STATE HWY 249 STE 220	
	Address	
	HOUSTON, TX 77064	
	City/State and Zip Code EFILE1234@INCFILE.COM	
	E-mail address: (to be used for future annual report notification)	
For further info	mation concerning this matter, please call:	
LOVETTE DO	3SON 855 829-9090 at ()	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is a cl	eck for the following amount:	
≡ \$25.00 Fili	g Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is en	tus &
Regis Divis P.O.	2 Address: Iration Section On of Corporations Box 6327 Bo	

ARTICLES OF AMENDMENT AF

RTICLES OF ORGANIZATION OF		
NHEACIAL LLC	2022 11 119	Pii

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 05/18/2020 and assigned Florida document number L20000134958 This amendment is submitted to amend the following: 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 Company," the designation "LLC" or the abbreviation "L.L.C." 1065 SW 8TH ST #1105 Enter new principal offices address, if applicable: MIAMI, FL 33130 (Principal office address MUST BE A STREET ADDRESS) 1065 SW 8TH ST #1105 Enter new mailing address, if applicable: MIAMI, FL 33130 (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 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	${\bf Member}$

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
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document's effective d	are on the Departme	ent of State's record	IS.		
e record specifies a delard is filed.	ayed effective date, b	out not an effective	time, at 12:01 a.n	n. on the earlier of: (b)	The 90th day after the
AUGUST 1		2020	·		
Dated AUGUST 1					
	Lasles 1	Das Lota			
	harles N Signatur	Das Leto re of a member or au	thorized representati	ve of a member	