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T. MATTHEWS JUL 14 2022

COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT: _ `	NALYM	ANO LLC	•
SUBJECT.		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	PA	TRICHA POLLAR Name of Person	J
		Name of Person	
	ADVANO	E FINANCIAL S	ERVICE
	39240	ORAL RIDGE DE	415
	coen	SPENUS FU	33065
For further information of	E-mail address: (oncerning this matter, please concerning this matter)	to be used for future annual report noti	fication)
. or rainer information c	oncerning this matter, prease co	un.	
PATERCIA	+ POLLARI	at (954) 255- Area Code Daytim	3848
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Se	
P.O. Box 632	-	Division of Cor The Centre of T	=

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION: LET OF STATE OF ORGANIZATIONS OF CORPORATIONS

22 MAY 16 AM 11: 10
any as it now appears on our records.) Liability Company)
were filed on and assigned
pility company here:
hity Company," the designation "LLC" or the abbreviation "L.L.C."
325 S. BISCAYNE BLUD # 3123
325 S. BISCAYNE BLUD # 3123 MIAMI, PL 33131
325 S. BISCATTHE BLVD, #3123 MIAMI, PL 33131
address on our records, enter the name of the new registered
- BISCAYNE BWD, # 3123 Enter Florida street address
City Florida 33131 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>	Name	Address	Type of Action
mur	symto ROXIK	325. S. BISCAYNE BLVD #3	123 C Add
		MIAMI, FL 33131	□Remove
			[MChange
			
			□Remove
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docu:	. If the date divides a is the a is the a pheable sections thing requirement, it is not will not consteauents of some date on the Department of State's records.
e reco rd is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
10 15 1	ned.
D	Mars 10 2022
Dated	
Dated	
Dated	Signature of a member of a wholist described
Dated	Signature of a member or authorized representative of a member