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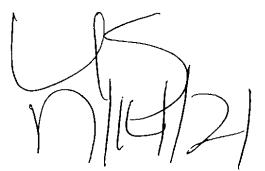
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
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COVER LETTER

TO:

Registration Section Division of Corporations

	A STAFFING, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub ondence concerning this matter			
	Processing Department			
		Name of Person		
MyCorporation Business Services, Inc.				
Firm/Company				
	26025 Mureau Road Suite	120	· ·	
		Address		
	Calabasas, CA 91302		• •	
	<u></u>	City/State and Zip Code		
	The second second		75	
Con Contain (Comment		to be used for future annual report noti	ilcation)	
	concerning this matter, please c			
Processing Department		877 692-6772 at ()		
Name o	of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for t	he 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 Addre Registration Division of C P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THERAPIA STAFFING, LLC (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 $\frac{07/10/2020}{1}$ _____ and assigned Florida document number 1.20000219668 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Nomas 329 LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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 ____

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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			
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	ic date macrico n	an the date of fil date must be specific this block does no in the Department o	a meet me annie	adic statutory anto	ore than 90 days after g requirements, this	onal) filing.) Pursuant to 605,020 date will not be listed as
record sp is tiled.	ecifies a delayed	effective date, but r	not an effective to	me, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
ited	6/9/20)21	_,	<u> </u>		
	Junt 1	Signature of	a member or author	orized representative	of a member	
	Lexisting Co.	OLDSTEIN, MEM	burn			

Filing Fee: \$25.00