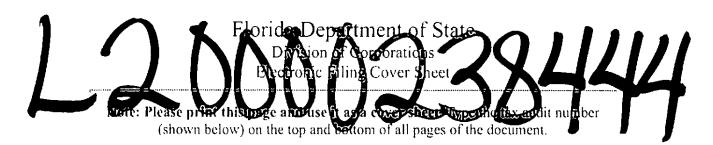
Page: 4 .05/7/2024 09:44 AM TO:18506176383 FROM:4079929407



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SA FINANCE & ACCOUNTING INC.

Account Number : I20190000111 Phone : (407)800-7028 Fax Number : (407)992-9407

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| mail Address: |
|---------------|
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN N20 LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 06 |
| Estimated Charge | \$25.00 |

M. SOLOMON

JUN - 7 2024

Electronic Filing Menu Corporate Filing Menu

Help

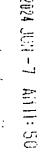
COVER LETTER

| TO: | TO: Registration Section Division of Corporations | | | | | |
|---------|---|---|---|--------------------------|--|--|
| SUBJ | ECT: | N2 | 0 LLC | | | |
| | 1 | Name of Limited Liability Company | | | | |
| | | | les of Amendment a | | | |
| | | | g. Please return all co tter to the following: | | | |
| | | M | Iaria C Sousa Neiva | | | |
| | | | Name of Person | • | | |
| | | SA Finance & Accounting Inc | | | | |
| | | | Firm/Company | | | |
| | | | 5728 Major Blvd Ste 30 |)7 | | |
| | | | Address | | | |
| | | | Orlando Florida 32819 | | | |
| | | City/State and Zip Code Licenses@safinacc.com | | | | |
| | _ | | | | | |
| | | E-mail address: (| to be used for future annual | report notification) | | |
| For fur | ther information conc | erning this matter, please ca | all: | | | |
| | Maria C S | Sousa | at (407) | 8007028 | | |
| | Name of Per | rson | Area Code | Daytime Telephone Number | | |

Enclosed is a check for the following amount:

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





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8 .06/7/2024

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| N20 LLC | · | | | |
|---|------------------------------------|--|---|--|
| (Name of the Limited Liability Compan (A Florida Limited Li | y as it now app ability Company | <u>ears on our records.</u>) y) | | |
| The Articles of Organization for this Limited Liability Company | were filed | 08/06/2020 | and assigned | |
| on Florida document number <u>L20000238444</u> | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liabil | ity company | here: | | |
| N2O LLC | | | | |
| The new name must be distinguishable and contain the words "Limited Liabilit | y Company," th | e designation "LLC" or the | · | |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | <u> </u> | |
| | | | | |
| | | | (i) | |
| Enter new mailing address, if applicable: | | | : '\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | |
| (maning dudiess may be at ost of free bon) | | | | |
| B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here: | ldress on our | records, enter the na | ne of the new registered | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| Tew Tregisteled Office Floatess. | 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 provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change. | erformance (ovided for in | of my duties, and I am Chapter 605, F.S. Or | familiar with and r, if this document is | |

If Changing Registered Agent, Signature of New Registered Agent



Page: 9 ,06/7/2024 09:44 AM TO:18506176383 FROM:4079929407

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 = N AMBR = A | Aanager Authorized Member | | |
|---------------------|------------------------------|---------|----------------|
| <u>Title</u> | Name | Address | Type of Action |
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| :: If the d | te, if other than the ate is listed, the date mus- date inserted in this blo ffective date on the De | ock does not m | icet the applical | date of filing or ole statutory fili | nore than 90 days a ng requirements, | otional) fler filing.) Pursuar this date will not | it to 605.0207 be listed as |
| ord specification | fies a delayed effective | e date, but not | an effective tin | e, at 12:01 a.m | on the earlier of: | (b) The 90th d | ay after the |
| d | June 6 | , | 2024 | | | | |
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