Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number : I19990000006 Phone : (407)425-7010

Fax Number : (407)425-2747

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

Email Address:_Corporate@ZKSLAWFIRM.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NSR MS, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$25.00 |

Help

COVER LETTER

| TO: Registratio Division of | n Section Corporations | | |
|--------------------------------|--|--|---|
| | IS, LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Article | s of Amendment and fee(s) are sub | mitted for filling | |
| Please return all corr | espondence concerning this matter | to the following. | |
| | N. DWAYNE GRAY, JR | , ESQUIRE | |
| | | Name of Person | · · · · · · · · · · · · · · · · · · · |
| | ZIMMERMAN, KISER & | SUTCLIFFE, P.A. | |
| | | Firm/Company | |
| | 315 E ROBINSON STR | EET, SUITE 600 | |
| | | Address | |
| | ORLANDO, FLORIDA 3 | 2801 | |
| | | City/State and Zip Code | . |
| | CORPORATE@ZKSLAV | VFIRM.COM to be used for future annual report not | ification) |
| For further informati | on concerning this matter, please c | | , |
| BARBIE BLANDIN | | 407 425-7010 | |
| Na | me of Person | at () Area Code Daytin | ne Telephone Number |
| Enclosed is a check: | for the following amount: | | |
| ■ \$25.00 Filing Fo | ce S30.00 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) |
| Division (P.O. Box | on Section of Corporations | Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl | rporations Tallahassee be Street, Suite 810 |

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| NSR MS, 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 11/16/2020 Florida document number L20000362120 | and | l assigr | ned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liability company here: | | | |
| NSR MS 2020, LLC | | | |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the a | bbreviatio | n "L.L.C | 2" |
| 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, <u>enter the naragent and/or the new registered office address here</u> : | ne of the | 230 0EC - | egistered |
| Name of New Registered Agent: | - | <u>^`</u> | |
| New Registered Office Address: | <u> </u> | P | . :] |
| Enter Florida street address , Florida | | 2: 23 | ر |
| City | Zıp C | ode: | |
| 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 a provisions of all statutes relative to the proper and complete performance of my duties, and I am | gree to c familia | omply with | with the |

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

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-------------|----------------|----------------|
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| Effective (| date, if other than the | date of filing: | ot be prior to date of f | iling or more than 90 | (optional) days after filing.) Pursuar | n to 605.020 |
| Note: If the | he date inserted in this bloom is effective date on the Do | ock does not meet t | he applicable statu | tory filing requires | nents, this date will not | be listed as |

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STACY BANACH

Signature of a member or authorized representative of a member

Typed or printed name of signee