# L20000378514

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SECRETARY OF STATE

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## COVER LETTER

TO:

Registration Section Division of Corporations

BAYANI L SUBJECT:	OGISTICS LLC		
Sobrett.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	NICHOLAS STEWART		
	7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Name of Person	·
	BAYANI LOGISTICS LI	c	
		Firm/Company	
	2054 VSTA PKWY EMR	LD VW SUITE 400-978	
	<del></del>	Address	
	WEST PALM BEACH FI	-33404 33411 r	15 11/6/2022
	<del></del>	City/State and Zip Code	
	nicktrade@yahoo.com		
	E-mail address: (	to be used for future annual report not	ification)
For further information co	oncerning this matter, please c	all:	
NICHOLAS STEWART		508 2809008 at ( )	
Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	e 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 Address Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	Street Address: Registration Se Division of Cor The Centre of 1 2415 N. Monro	rporations

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### **BAYANI LOGISTIC LLC**

(Name of the Limi	ited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)	<del></del>	
The Articles of Organization for this Limited L Florida document number L20000378514	Liability Company	were filed on 12/03/2020	and assigr	
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
NGU HOLDING GROUP LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or t	the abbreviation "L.L.C."	;
Enter new principal offices address, if applicable:		2054 VSTA PKWY EMRLD VW		
(Principal office address MUST BE A STREE	SUITE 400-978		_	
_	-	WEST PALM BEACH FL 33411		_
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE	BOX)	2054 VSTA PKWY EMRLD VW SUITE 400-978		<u>-</u>
		WEST PALM BEACH FL 33411		
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office a ss here:	address on our records, <u>enter the</u>	name of the new red	
Name of New Registered Agent:	Registered Age	nts Inc	Tick to I	-;-
New Registered Office Address:	7901 4th Street	N, Suite 300		بــــــــــــــــــــــــــــــــــــ
		Enter Florida street address	OS.	
	St. Petersburg	, Florida	a 33702	
		City	Zin 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 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 be or removed from our records:

MGR = Manager
. AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of A
			□Add
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			□Change
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			□ Remove

	nsulting Services.
fective	date, if other than the date of filing:
te: If	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
cument	's effective date on the Department of State's records.
cord s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
1.62	16/2022
ted	16/2022
	At M
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	NICHOLAS STEWART
	Typed or printed name of signee

Filing Fee: \$25.00