K21000030738

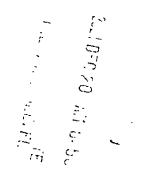
(Requestor's Nam	
(Requestors Warr	ie)
(Address)	
(Address)	
(City/State/Zip/Ph	one #)
	_
PICK-UP WAIT	MAIL
(Business Entity N	Name)
(Document Numb	er)
Certified Copies Certifica	ites of Status
· 	
<u> </u>	
Special Instructions to Filing Officer:	

Office Use Only



000378136490

12/20/21--01022--009 **25.00



A. BUTLER
JAN - 7 2022

COVER LETTER

TO:	Registration S Division of Co			
SUBJ	rct.	NT Adviso	-s Realty, LLL	•
SUBJ	ECT:	Name of Limi	ted Liability Company	
The er	iclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspondent	ondence concerning this matter	to the following:	
		PA	-1 D'Arell:	
			Name of Person	
		Nut:0	Firm/Company	Advisors, Inc.
		Z S. Univers	-17 D-55; +-33	
		Plantot	OP FL 333Z4 City/State and Zip Code	
		PA- clave	CCOMC15+.NE+	cation)
For fu	rther information	concerning this matter, please ca		
	PA-1) Name	Art Cof Person	at (954) 647- Area Code Daytime	Telephone Number
Enclos	sed is a check for t	the following amount:		
\$ 5°	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		Street Address: Registration Sect	ion
	man and the second	• · · ·	ntalat a see	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

}

NDAdvi3ors	iability Company as it now appears on olorida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabil	ity Company were filed on	and assigned
Florida document number LZ1000030738	<u>}</u> .	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A.	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address he		ds, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
<u>-</u>		, Florida
	City	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>	<u>Name</u>	Address	Type of Action
AMISTR	Michael D'Arelli	421 LARCHLANE	□Add
		421 Larchhare Souranento CA95864	Remove
		<u>-</u>	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
Note:	ye date, if other than the date of filing:
the record ord is file	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 ed.
Dated _	12/13/21
	Signature of a member or authorized representative of a member
	Typed or printed name of signee