## L21000035194

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JUN 2:5 2021 I ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 877572 7922769

AUTHORIZATION : THE BELLENON

COST LIMIT : \$\sum25 \to 00

ORDER DATE : June 23, 2021

ORDER TIME : 9:09 AM

ORDER NO. : 877572-005

CUSTOMER NO: 7922769

## DOMESTIC AMENDMENT FILING

NAME: 4441 NMA, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER'S INITIALS:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4441 NM	•	
(Name of the Limited Liability Comp (A Florida Limited	eany as it now appears on our records.) Liability Company)	······································
The Articles of Organization for this Limited Liability Company	y were filed on February 3, 2021	and assigned
Florida document number L21000035194		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		- 12
		2
Enter new mailing address, if applicable:		F 73
(Mailing address MAY BE A POST OFFICE BOX)		7 E
		<u> </u>
		- O1
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the i	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	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 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
MGR	Efrain Fred Jove	18851 NE 29th Ave., #405	≘Add
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<u>te:</u>	the date in	serted in this	the date of finust be specific block does not be partment of	ot meet the	applicable s	e of filing o statutory fi	r more than ling requir	(opti 90 days after ements, thi	onal) filing.) Pun s date will	suant to 605.02 not be listed
cord s s filed.	pecifies a d	lelayed effec	tive date, but	not an effe	ctive time, a	t 12:01 a.ı	m. on the e	arlier of: (b	) The 90	th day after th
ed	June	23					7			
			Signature o	f a member	or authorized	representat	tive of a men	nber		
			·		$\mathcal{L}$	/				
			E/		Authorized	-				