2100003519

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Codifical Coming
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

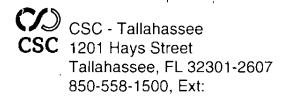
Office Use Only



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2024 HAR IL AM 10: 15

DBABABD



To: Department Of State, Division Of Corporations

out the ser

From: Amanda Miller

Ext:

Date: 03/14/24 Order #: 1449292-1 Re: 4441 NMA, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:

120000000195

AUTH

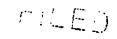
Please take the following action: File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



4441 NMA T.L.C

2024 HAR 14 AM ID: 1

4441 NVIA, LLC		HIT IU: I F
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our liability Company)	
		TALLAHASSEE FLORIDA
The Articles of Organization for this Limited Liability Company	were filed on February 3	and assigned and assigned
Florida document number 1.21000035194		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	on "LLC" or the abbreviation "L.L.C."
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)		
		<u> </u>
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 name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office (Radios).	Enter Florida stree	et address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my du provided for in Chapte	ties, and I am familiar with and r 605, F.S. Or, if this document is

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Efrain Fred Jove	18851 NE 29 Ave., #405	DAdd
		Aventura, FL 33180	≣Remove
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CSC AMEND-10472