KZ1000063084

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		6/10/2/ 7m

Office Use Only



400364905934

04/27/21--01007--018 **25.00

RECEIVED

APR 2 6 2021

21 MFR 26 MH 9: 5t

· COVER LETTER

Registration Section

Division of Corporations

TO:

Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Nicholas J Bellofatto Name of Person NJB Financial LLC Firm/Company 14 Swallow Dr	NJB Financia	LLC	•	,			
Please return all correspondence concerning this matter to the following: Nicholas J Bellofatto Name of Person NJB Financial LLC Firm/Company	SUBJECT:Name of Limited Liability Company						
Name of Person NJB Financial LLC Firm/Company	e enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.				
Name of Person NJB Financial LLC Firm/Company	ase return all correspond	lence concerning this matter	to the following:				
NJB Financial LLC Firm/Company							
Firm/Company			Name of Person				
		NJB Financial LLC					
14 Swallow Dr			Firm/Company				
Address			Address				
Boynton Beach, FL 33436		Boynton Beach, FL 33436					
City/State and Zip Code							
nbellofa@gmail.com		-					
E-mail address: (to be used for future annual report notification)		E-mail address: (t	o be used for future annual report not	ification)			
For further information concerning this matter, please call:	r further information cor	icerning this matter, please ca	ill:				
Nicholas J Bellofatto 617 791-4825 at (Nicholas J Bellofatto		at C S				
Name of Person Area Code Daytime Telephone Number	Name of Person		Area Code Daytin	ne Telephone Number			
Enclosed is a check for the following amount:	closed is a check for the	following amount:					
(additional copy is enclosed) Certified Copy	I \$25.00 Filing Fee	_	Certified Copy	Certificate of Status &			
Mailing Address: Registration Section Street Address: Registration Section							
Division of Corporations Division of Corporations			·				
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810				The Centre of Tallahassee			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RGANIZATION TAKE SE STATE TO STATE OF A SECOND SEASON

NJB Financial LLC

21 APR 26 AM 9:58

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

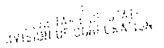
The Articles of Organization for this Limited Liabilit		vere	filed on <u>02/05/20</u>	021	and assigned
lorida document number L21000063084	·				
his amendment is submitted to amend the following					
If amending name, enter the new name of the	limited liabili	ity c	ompany here:		
he new name must be distinguishable and contain the words "	Limited Liabilit	y Cor	npany," the designa	ation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		14 Swallow Drive			
Principal office address MUST BE A STREET ADDRESS)		Boynton Beach, FL 33436			
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		14 Swallow Drive			
		Boynton Beach, FL 33436			
3. If amending the registered agent and/or registogent and/or the new registered office address her Name of New Registered Agent:	<u>·e</u> :		ss on our record	ds, <u>enter the nar</u>	ne of the new registere
11	Swallow Drive	c			_
New Registered Office Address: 14			Enter Florida st	reet address	
Во	ynton Beach			, Florida ^{3.}	3436
_		C	iţy		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 21 APR 26	IH 9: 58 Type of Action
MGR	Nicholas J Bellofatto	14 Swallow Drive	M∕Add
		Boynton Beach, FL 33436	□Remove
			□Add
		-	□Remove
			□ Change
			□Remove
			Change
		🗀 Add	
			□Remove
		<u> </u>	Change
			bbA□
			Remove
			Change
			🗆 Add
			□ Rетюче
			□Changa.

			JANS OF FEE	
			21 APR 26	₩ 200
···				
		_		· · · · · · · · · · · · · · · · · · ·
				
-	18 18			
	·····			
			·	
				····
			.	
		•	<u>-</u>	<u> </u>
	.			
			.,	
E. Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	the date of filing: must be specific and cannot is block does not meet the	applicable statutory	g or more than 90 days:	optional) after filing.) Pursuant to 605,0207 (3 this date will not be listed as th
f the record specifies a delayed efforce or filed.	ective date, but not an effe	ective time, at 12:01	a.m. on the earlier of	f: (b) The 90th day after the
Dated April 15	2021	·		
	Bell a Fith	or authorized represe	itative of a member	
	NTCHOLAS J			