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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GM FINANCIAL GROUP LIMITED, INC. Account Number : I19980809102

Account Number : 119980809102 Phone : {954}428-8899 Fax Number : (954)428-6699

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please,\*\*

Essil Address: ANNA TA DLA Q YATTOO COm

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NEPL1 LLC

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Abbreviations:

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G3: Group 3 EC: Error Correct

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Velikovi eze

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEPL1 LLC		<b>21</b>		
(Name of the Li	mited Liability Company as it now as (A Florida Limited Liability Compa	ppears on our records.) any)  03/15/2021		
The Articles of Organization for this Limited	Liability Company were filed or	03/15/2021 and assigned		
Florida document number 121000121249	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			
This amendment is submitted to amend the fo	ollowing:			
A. If amending name, enter the new name	of the limited liability compan	y here:		
The new name must be distinguishable and contain the	words "Limited Liability Company."	the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if appl	icable:			
Principal office address MUST BE A STRE	EET ADDRESS)			
Enter new mailing address, if applicable:				
<u> Mailing address MAY BE A POST OFFICI</u>	E BOX)			
<ol> <li>If amending the registered agent and/or gent and/or the new registered office address.</li> </ol>	registered office address on ou ess here:	r records, enter the name of the new register		
Name of New Registered Agent:	GM FINANCIAL GROUP LI	MITED INC		
New Registered Office Address:	399 W PALMETTO PARK RI	D SUITE 102		
	Enter Florida street address			
	BOCA RATON	, Florida <sup>33432</sup>		
	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

\_\_\_\_\_ □Remove

\_\_\_\_\_ DChange

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

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<u>Title</u>	Name	Address	Type of Action
AMBR	ANNA TADLA	549 NE 10TH AVE	
		FORT LAUDERDALE, FL 33301	_
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(If an effo Note: I	ve date, if other than the date of filing:  (optional)  ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 lift the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed int's effective date on the Department of State's records.	)207 ( l as t
e 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 t	he
Dated _	10/25/21 , A	
	Signature of a member or authorized representative of a member	
	section of a member of authorized representative of a member	
	ANNA TADLA	

Filing Fee: \$25.00