LZ1000134604

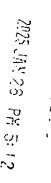
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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01/28/25--01016--003 **25.00



COVER LETTER

TO: Registration Se Division of Cor			
NADRIX I	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	NINETT VIELMA		
		Name of Person	
	TAX & PRO BUSINESS	CONSULTING LLC	
		Firm/Company	
	11621 ANNETTE DR. YU	JKONOK 73099	
		Address	
	YUKON		
		City/State and Zip Code	
	VIELMANINETT@GMAI		Ye
For further information c	oncerning this matter, please c	to be used for future annual report not all:	meation)
NINETT VIELMA		786 9085109	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	he following amount:		
\$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 Address		Street Address:	ation
Registration Section Division of Corporations		Registration Se Division of Co	
P.O. Box 6327		The Centre of	Fallahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NADRIA LLC		
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000134604	were filed on 03/31/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
DETRICKSEN LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:	11621 ANNETTE DR, YUKON. OK 73	099
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11621 ANNETTE DR. YUKON, OK 73	099
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	e of the new registered
Name of New Registered Agent:		20
New Registered Office Address:	Enter Florida street address	Z HAD 3
	. Florida	
	City	Zip Gode
New Registered Agent's Signature, if changing Registered Agent:		્ છુ _ા એ

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
MGR	NARVAEZ, DIEGO	SANTA ROSA 575 OF 31 PUERTO VARAS.	
		REGION DE LOS LAGOS 5550205 CL	🗑 Remove
			□Change
			□Add
			□ Кеточе
			Change
			□Add
			□Remove
			[]Change
			🗆 Add
			□ Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□ Add
			□ Remove
			□ Change

. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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. Effect	ve date, if other than the date of filing:
Note:	ective 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 605.0207 (3)(If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the recor	d 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 led.
Dated	JANUARY 09 2025 :
	Signature of a member or authorized representative of a member
	MARLEN DIEDRICKS

Typed or printed name of signee