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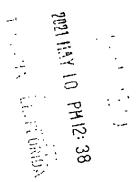
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COVER LETTER

TO: Registration S Division of Co			
CLID IP CYC	DREA NESMITH LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JODI RONEN		
		Name of Person	
	JG CONSULTING SERV	ICES, LLC	·
		Firm/Company	
	5481 WILES RD STE 502	!	
		Address	
	COCONUT CREEK, FL.	33073	
		City/State and Zip Code	
	JODI@ACCU-TAX.TAX		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report no all:	tification)
JODI RONEN		754 220-8270	
Name o	of Person	at () Area Code Daytit	ne Telephone Number
Enclosed is a check for t	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 Addre		Street Address:	aution
Registration Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALEXANDREA NESMITH LLC		
(Name of the Lin	nited Liability Company as it now app (A Florida Limited Liability Compan	<u>pears on our records.)</u> y)
The Articles of Organization for this Limited		04/13/2021 and assigned
Torida document number 1.21000171074	 .	
his amendment is submitted to amend the fo	Howing:	
. If amending name, enter the new name	of the limited liability company	chere:
ne new name must be distinguishable and contain the	words "Limited Liability Company." th	
nter new principal offices address, if appl	icable:	2
Principal office address MUST BE A STRE	ET ADDRESS)	172
		<u> </u>
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE . If amending the registered agent and/or gent and/or the new registered office addrese of New Registered Agent:	registered office address on ou	r records, <u>enter the name of the new regis</u>
New Registered Office Address:	5380 NW 31ST STREET	
	Enter F	Florida street address
	MARGATE	Florida 33063
	City	Zip Code

vew Registered Agent's Signature, it 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Alexandrea NeSmith	5380 NW 31ST STREET	
		MARGATE, FL 33063	■Remove
			□ Change
MGR	Alexandrea Gortot	5380 NW 31ST STREET	
		MARGATE, FL 33063	□ Remove
			Change
			Add
			· Promove
			Carchange
			□Add
			□Remove
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			□Add
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effective da	ite is listed, the clate inserted in	date must be speci this block does	fic and c not me	annot be prior et the applic	to date of ti able statute	ling or more tory filing re	han 90 days af quirements, t	ter filing.) Pur his date will	suant to 605,02 not be listed:
		n the Departmen					•		
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