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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NAPEX FINANCIAL SERVICES LLC

Account Number : I20210000104 : (561)305-6436 : (561)880-9444 Fax Number

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

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

A. If amending name, enter the new name of the limited liability company here:	and assigned
Florida document number L21000197441  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:	•
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:	the abbreviation "L.L.C."
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or	the abbreviation "L.IC."
	the abbreviation "L.I.C."
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 applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	202 7A
	CRE CAF
Enter new mailing address, if applicable:	E T
(Mailing address MAY BE A POST OFFICE BOX)	\$ F 1
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B. If amending the registered agent and/or registered office address on our records, <u>enter the agent and/or the new registered office address here</u> :	name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florid	
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 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	CINTIA GERALDO CARVALHO	10231 WALNUT BEND N	■Add
		JACKSONVILLE, FL 32257	□Remove
			□ Change
			DAdd
			Remove
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he record specifies a delayed effective ord is filed.	late, but not an eff	fective time, at 12	:01 a.m. on the c	arlier of: (b)	The 90th	ı day afte	er the
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