Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000242935 3)))



H210002429353ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email	Address:		_
-------	----------	--	---

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NAOMA INTERNATIONAL LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

JUN 22 2021

A. LUNT

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NAOMA INTERNATIONAL LLC		
(Name of the Limited (A	liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number L21000226543		and assigned
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	21 SE
(Principal office address MUST BE A STREET A		
Trincipal office address factor and a granuary		2 PAF
Enter new mailing address, if applicable:		CORPOR CORPOR
(Mailing address MAY BE A POST OFFICE BO)X)	: 2
Graning address WAT DE ATOST OFFICE BO	<u></u>	0 X S
B. If amending the registered agent and/or registered and/or the new registered office address have of New Registered Agent:		name of the new registered
New Registered Office Address:		
And the second section of the second section s	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
AMBR	USM INTERNATIONAL GROUP	255 ALHAMBRA CIRLCE, SUITE 500	□Add
		CORAL GABLES, FL 33134	
			≡ Change
			□Add
			SECRLTARY DIVISION OF C
-			SION OF CORPORATIONS SION OF CORPORATIONS 1 JUNES AN IO: 2
			□ Change
			🗀 Add
			□Remove
			Change
			□ Add
			□ Remove
			Change
			□Add
			Remove
			□Change

15612148442

	27
	ي ا
	JU# 2
	AM 10: 27
	<u>.</u>
	27
Effective date, if other than the date of filing: fan effective date is listed, the date must be specific and cannot Note: If the date inserted in this block does not meet to document's effective date on the Department of State's	ot be prior to date of filing or more than 90 days after filing.) Pursuant to 603.020 he applicable statutory filing requirements, this date will not be listed a
record specifies a delayed effective date, but not an effective date.	ffective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated June 21st 20	21
	any M
	•