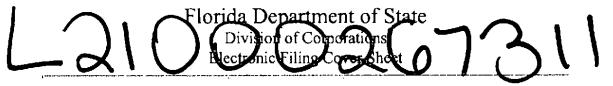
6/29/2021

Division of Corporations



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.

(((H210002533043)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BUSINESS FILINGS Account Number : 105256001620 Phone : (608)827-5300 Fax Number : (608)827-5501

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

Email Address:\_\_\_quinn\_smith2@yahoo.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NTU DEVELOPMENT LLC

Certificate of Status	0
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Page Count	04
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Help

Fax Audit # H21000253304 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NTU Development LLC		2021 SEC	
Name of the Limited Liability Comman (A Florada Limited L	uv as it now appears on our records.) lability Company)	ORE C	
The Articles of Organization for this Limited Liability Company  Elevida document number	were filed on 6/9/2021	and assigned	
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liable	llity company here:	AH 3: 29 DESTATE OFFICIALIE	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company." the designation "LLC" or t	the ablneviation "L.1. C."	
Enter new principal offices address, if applicable:	2665 South Bayshore Drive, Suite	220	
(Principal office address MUST BE A STREET ADDRESS)	Miami, Florida 33133		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	2665 South Bayshore Drive, Suite Miami, Florida 33133	e 220	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:	Emer Florida street address		
	. Florida		
	Circ	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, Semature of New Registered Agent

To: 18506176383 \* Page: 4 of 5 2021-06-29 13:46:26 CST 16082993912 From: Alexis Gregor

Fax Audit # H21000253304 3

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>	Name	Address	Type of Action
			UChange
			UAdd
			:   Chauge
			□Add
			[ Renkwe
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		□Remove	
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			☐ Change
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			ÚChange

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(optional)  flective date, if other than the date of filing:  (flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date with the date on the Department of State's records.	will not be listed as the
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The filed.	e 90th day after the
d 6.18.2021 D. IT	
Signature of a member of authorized representative of a member	
Robert Rainey, Manager	