

K21 000295299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

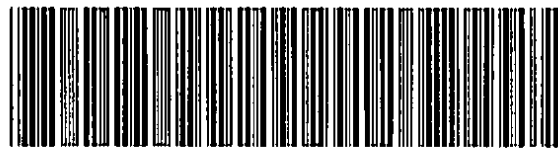
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2021 NOV 23 AM 11:11
OFFICE OF STATE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NT4 PROPERTIES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA LEON

Name of Person

KINGDOM CORPORATE SERVICES LLC

Firm/Company

PO BOX 135781

Address

CLERMONT, FL, 34713

City/State and Zip Code

kcservicesusa@gmail.com

E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA LEON

954

3942916

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

NT4 PROPERTIES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/25/2021 and assigned
Florida document number L21000295299.

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.L.C."

Enter new principal offices address, if applicable:

1446 HAYES ST. APT 1

(Principal office address MUST BE A STREET ADDRESS)

HOLLYWOOD, FL, 33020

Enter new mailing address, if applicable:

1446 HAYES ST. APT 1

(Mailing address MAY BE A POST OFFICE BOX)

HOLLYWOOD, FL, 33020

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

KINGDOM CORPORATE SERVICES LLC

New Registered Office Address:

1420 CELEBRATION BLVD, SUITE 200

Enter Florida street address

CELEBRATION

City

Florida 34747

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.

 MCLP

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>	<u>Type of Action</u>
MGR	NAVARRO, JOAQUIN A	890 PEBBLE BEACH DR	<input type="checkbox"/> Add
		DAVENPORT, FL, 33896	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TORRES HERNANDEZ, DIANA	1446 HAYES ST. APT 1	<input type="checkbox"/> Add
		HOLLYWOOD, FL, 33020	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	NAVARRO, ANDRES J	1446 HAYES ST. APT 1	<input checked="" type="checkbox"/> Add
		HOLLYWOOD, FL, 33020	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective 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)(b)

If the record 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 record is filed.

CHAND

2024-11-14

ANM

DYTH

Filing Fee: \$25.00