

121000307259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

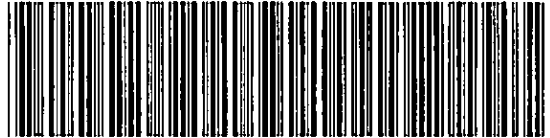
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Need ~~to~~ file

Office Use Only



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SEP 07 2021

09/08/21--01015--001 **25.00

SECRETARY OF STATE
TALLAHASSEE, FL

2021 OCT 18 PM 4:46

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D BRUCE
OCT 14 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2021

EDRARLIS CHARLOTTE PENA ZQUIERDO
2440 E PRESERVE WAY, APT #308
MIRAMAR, FL 33025

SUBJECT: BY NATHY LLC
Ref. Number: L21000307259

We have received your document for BY NATHY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document. We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 521A00022606

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BY NATHY 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:

Edkarlis Charlotte Peña #294264
Name of Person

Firm Company

2140 e preserve way apto # 308
Address

MIRAMAR / FLORIDA / 33025
City State and Zip Code

bynathyllc@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

Edkarlis Charlotte Peña # at 641 794264
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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DIVISION OF CORPORATIONS

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

By Natlly 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 07/06/2021 and assigned
Florida document number L21000307259.

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:

(Principal office address MUST BE A STREET ADDRESS)

2440 e preserve way
apto # 308 MIRAMAR
FLORIDA - 33025

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2440 e preserve way
apto # 308 MIRAMAR
FLORIDA - 33025

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:

Edkarlis charlotte Peña Izquierdo

New Registered Office Address:

2440e preserve way apto # 308

Enter Florida street address

MIRAMAR

City

Florida

33025

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.

Edkarlis Peña

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	Burns JAMES	10407 NW 82 St Unit 3 Doral - Florida Us.	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGRM	EdKarlis Pera	2440 E preserve way apto #308 Miramar Florida 33025	<input checked="" 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
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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CLERK OF DISTRICT COURT
MIAMI, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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SECRETARY OF STATE
FILING

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 08/30/2021

Carmen Perlaza J Burns
Signature of a member or authorized representative of a member

Carmen Perlaza James Burns
Typed or printed name of signee