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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GM FINANCIAL GROUP LIMITED, INC.

Account Number : I19980000102 Phone : (954)428-8899

Fax Number : (954)428-6699

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

Email Address: ANNA TABLA QUAHOO, Com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NEPL2 LLC

1 0CT 25 PM 1: 1 1

Certificate of Status	0
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OCT 2 6 2021

S. PRATHER

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NINDIALI C			PRICE TARY
NEPL2 LLC			<u>\</u> \\
(<u>Name of the Limit</u>	ed Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)	T 25 T 25 TARY ASSE
The Articles of Organization for this Limited Li	ability Company were filed o	on <u>07/23/2021</u>	and assigned C
Florida document number 121000334979	·		_ and assigned 3: LORIO
This amendment is submitted to amend the follo	owing:		A
A. If amending name, enter the new name of	the limited liability compa	ny here:	
The new name must be distinguishable and contain the w	roeds "Limited Liability Company"	"the designation "LLC" or the abb	reviation "L.C."
the new name must be distinguishable and contain the w	ords Emined Claiming Company,	the designation less of the doo	, •
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
	-		
n			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and/or r	egistered office address on	our records, enter the name	of the new registered
agent and/or the new registered office addre	ss here:		
Name of New Registered Agent:	GM FINANCIAL GROUP	LIMITED INC	
New Registered Office Address:	399 W PALMETTO PARK	RD SUITE 102	
3	Ent	er Florida street address	
	BOCA RATON	, Florida <u>334</u>	32
	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 Changing Registered Agent, Signature of New Registered Agent

9544286699 05:48:25 p.m. 10-25-2021

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

3 /4

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ANNA TADLA	549 NE 10TH AVE	= Add
		FORT LAUDERDALE, FL 33301	Remove
			□ Change
AMBR NATALIE M TADLA	NATALIE M TADLA	549 NE 10TH AVE	ʿ□Add
		FORT LAUDERDALE, FL 33301	■ Remove
		□ Change	
			□Remove
		Change	
			□ Add
		□Remove	
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		Remove	
			Change
			□Add
			□ Remove
			Change

). If amending any other information, enter change(s) here: (Attach additional sheets, if necessar	ry.)		
			
	 ,		
	<u>.</u>		
			
			
E. Effective date, if other than the date of filing: (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. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat document's effective date on the Department of State's records.	g.) Pursuant to 605	6.0207 (3) cd as the	(b)
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) Tecord is filed.	The 90th day afte	r the	
Dated $\frac{10/25/21}{5}$	SEĞİĞTARY FALLAHASSE	2021 OCT 25 PM	
	ABS ABA	25	THEO
Signature of a morpher or authorized representative of a member	E FLORI	P	
	<u> </u>	3: 4	

Filing Fee: \$25.00