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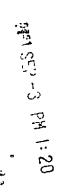
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## **COVER LETTER**

TO: Registratio Division of	n Section Corporations		
	NTO, LLC		,
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Article	s of Amendment and fee(s) are subt	nitted for filing.	
Please return all corr	espondence concerning this matter	to the following:	
	Fred Howard		
		Name of Person	
·	Florida NTO, LLC		·
		Firm/Company	
	4446 Hendricks Ave #132		
		Address	
,	Jacksonville, FL 32207		
		City/State and Zip Code	
	noticetoownerlle@protonma E-mail address: (	ail.com to be used for future annual report not	ification)
For further informati	ion concerning this matter, please c	all:	
Fred Howard		904 234-6290 at ()	
Na	ime of Person	Area Code Daytii	me Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing Fe	ee ☐ \$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 Ac		Street Address:	vation
~	ion Section of Corporations	Registration S Division of Co	
P.O. Box		The Centre of	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida NTO, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)  Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 7/29/2021	and assigned
Florida document number L21000343075		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Notice To Owner, LLC		<u> </u>
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4446 Hendricks Ave	
(Principal office address MUST BE A STREET ADDRESS)	#132	
	Jacksonville, FL 32207	120
	<del></del>	4 89 17
Enter new mailing address, if applicable:	_	-75
(Mailing address MAY BE A POST OFFICE BOX)		ري
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		<del>.</del> <del></del> 2
B. If amending the registered agent and/or registered office:	address on our records, enter th	
agent and/or the new registered office address here:		- <del></del>
Name of New Registered Agent:		
N. D. Carrell (NET et A. Filmer)		
New Registered Office Address:	Enter Florida street address	
	. Flor	ida
	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
<del></del>			□Add
			□Remove
			□Change
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ective date, if other than the da	9/1/2021 te of filing:	(optional)
effective date is listed, the date must be	specific and cannot be prior to date of	of illing or more than 90 days after filing.) Pursuant to attitory filing requirements, this date will not be
<u>te:</u> If the date inserted in this block cument's effective date on the Depa	rtment of State's records.	
		12/01 m. on the earlier of: (b) The 90th day
ecord specifies a delayed effective d is filed.	ite, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th day
September 1.	2021	
ted September 1.	·	
1 7 1 2 1 7		
	mature of a member or authorized r	representative of a member
Fred Howard Manager/M	gnature of a member or authorized r	representative of a member