K21000365811

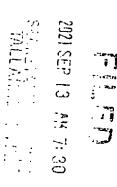
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
certained copies
Special Instructions to Filing Officer:

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COVER LETTER

TO: Registration 5 Division of Co				
NAP TOE	RO LLC			
SUBJECT:	Name of Lim	ited Liability Company		
	of Amendment and fec(s) are sub pondence concerning this matter			
	ROBERT SALINAS			
		Name of Person		
	REALITY CHECK BUSE	NESS SOLUTIONS		
	Firm/Company			
	5301 TAYLOR ST			
		Address		
	HOLLYWOOD, FL 3302	1		
	rsalinas@rcbs.biz.	City/State and Zip Code salinas@rcbs.biz		
	E-mail address: (to be used for future annual report notifies		
For further information	concerning this matter, please c	all:	2 S C C C C C C C C C C C C C C C C C C	
ROBERT SALINAS		786 338-9000 at ()	2921 SEP 13	
Name	of Person	Area Code Daytime T	elephone Number	
Enclosed is a check for	the following amount:		7:30	
≅ \$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

NAP TORU ELC	in the second of				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000365811</u>	were filed on 08/16/2021	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."			
Enter new principal offices address, if applicable:	1835 EAST HALLANDALE BEACH	BLVD			
(Principal office address MUST BE A STREET ADDRESS)	#201				
	HALLANDALE, FL 33009				
Enter new mailing address, if applicable:	1835 EAST HALLANDALE BEACH	BLVD			
Mailing address MAY BE A POST OFFICE BOX)	#391				
	HALLANDALE, FL 33009	_			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the nar</u>	ne of the new regis			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address	□ (1)□ (1)<			
	, Florida	Zip Códe			
	City	, zip Come			

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
			□ Remove
			□Add
			□Remove
			□Change
			□ Add
			Remove
			□ Change
			□ Change □ Add □ Add □ Remove
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			Change
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			□Remove
			□Change

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