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COVER LETTER

Registration Section Division of Corporations

TO:

N197DJ, L	LC		
Nobaleti.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Alexis Palma		
		Name of Person	
	N197DJ, LLC		
Name of Person N197DJ, LLC Firm/Company 27 N. Ring Ave Address Tarpon Springs, FL 34689 City/State and Zip Code alexis@palmalawgroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Alexis Palma 727			
	27 N. Ring Ave		
		Address	·
	Turpon Springs, FL 34689		
	 	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	* * *		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
		at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25,00 Filing Fee	-	Certified Copy	Certificate of Status &
			ection
-		_	
		The Centre of 7	Γallahassee
Tallahassee	FI 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

N197DJ, LLC

2021 DEC 27 AM 7: 11

If Changing Registered Agent, Signature of New Registered Agent

(Name of the Limited Liability Company (A Florida Limited Lia	vas it now appears on our recordibility Company) 1 1 4 5 1 U	ds.) STATE
The Articles of Organization for this Limited Liability Company w	/ere filed on 8/27/2021	and assigned
Florida document number 1.21000384585		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LL.	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
Enter Florida s		ss
	, Fl	lorida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City	zip Coae
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my dutics, a ovided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Ronald Wenang	27 N. Ring Ave.	□Add
		Tarpon Springs, FL 34689	■Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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If an eff <u>Note:</u>	(optional) ective date, if other than the date of filing: S
e recor rd is fil	d 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 led.
Dated	-12/10, 2021 .
	Signature of a member or authorized representative of a member
	Alexis M Palma. Typed or printed name of signee