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(Re	equestor's Name)	<u> </u>
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T. MATTHEWS NOV 3 0 2021

COVER LETTER

	egistration Se vision of Cor	porations		•
SHD IECT		ngement Holdings LLC		
SUBJECT		Name of Lim	ited Liability Company	
Division of Corporations N&E Management Holdings 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: Elkharia Powell				
Please retur	rn all correspo	ondence concerning this matter	to the following:	
		Elkharia Powell		
			Name of Person	
			Firm/Company	
		515 E Las Olas Boulevard	Suite 120	
		N&E Management Holdings LLC Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Elkharia Powell		
For further	information c		·	icalion)
Elkharia Po	owell			
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
				ction
D	ivision of C	Corporations	Division of Cor	porations

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 21 HGV 15 FH 3: 03

N&E Management Holdings LLC

company has been notified in writing of this change.

(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on ou d Liability Company)	r records.)
The Articles of Organization for this Limited Liability Compare Florida document number 1.21000407166.	ny were filed on $\frac{9/14/202}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(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 agent and/or the new registered office address here:	e address on our records	enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
		, Florida Zip Code
New Designational Assessing Community of about 1970 Designational Agrangement		Zip Соле
New Registered Agent's Signature, if changing Registered Agen		in 1 Court on the second of the second
I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic	te performance of my di s provided for in Chapte	ities, and I am familiar with and er 605, F.S. Or, if this document is

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

**		,	v. U3	
21 KG ^M	15	Pli	3: 03	

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Elkharia Powell	515 E Las Olas Blvd Suite 120 Ft, Lauderdale, FL	= Add
			□Remove
			□Change
AMBR	Nigel Kemp		□Add
			□Remove
		515 E Las Olas Blvd Suite 120 Ft. Lauderdale, FL	■Change
			□Add
			□Remove
			□Change
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amending any other informati	on, enter change(s) here.	inden takanoma	21 HO! 15 PH 370.	•
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ective date, if other than the doneffective date is listed, the date must be te: If the date inserted in this block-turnent's effective date on the Dep	k does not meet the applicat	o date of filing or more to ble statutory filing re	than 90 days after filing.) Purs quirements, this date will i	suant to 605,0207 not be listed as
ecord specifies a delayed effective s filed.	date, but not an effective tim	ne, at 12:01 a.m. on t	he earlier of: (b) The 900	h day after the
September 30	. 2021	_ ·		
	Ekharia	Powell		
S	gnature of a member or author	ized representative of a	member	
Elkharia Powell				
	Typed or printed	I name of ciones		

Filing Fee: \$25.00