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1/17/2023

COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: Res	TIGE Estern	ited Liability Company	wing LCC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jacos Ke	Name of Person	
	Prestoc E	Hirm Company	twide LCC
	16/100 US HO	My 3315, SUIT	tc 132-218
	Treeport 1	City/State and Zip Code	
	Kenned, 102 E-mail address: (t	o be used forfuture annual report not	ification)
For further information of	concerning this matter, please ca	III:	
Kingeriy Name o	Kane_ if Person	at (<u>&SO</u>) <u>3& -</u> Area Code Daytim	9600 ne Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C	Section	Street Address: Registration Sc Division of Co	
P.O. Box 632		The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2023 JAN 13 AM 9: 24

(A Florida Limited Li	ability Company)	TALLAMASSEE, F
The Articles of Organization for this Limited Liability Company w	vere filed on <u>11/03/</u>	and assigned
Florida document number _L01000477113	, -	•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here: NIF	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" o	or the abbreviation "L.1C"
Enter new principal offices address, if applicable: $ u(\kappa)$		
(Principal office address MUST BE A STREET ADDRESS)		
F-4		
Enter new mailing address, if applicable: NIPT		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ac	idress on our records, enter th	ne name of the new registered
agent and/or the new registered office address here: ~/ />		
Name of New Registered Agent:		
N D 1 LOSS All		
New Registered Office Address:	Enter Florida street address	
	Flor	ida
	City	ida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree	e to act in this capacity. I furth	her agree to comply with the
provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as proper and complete paccept the obligations of my position as registered agent as proper and complete paccept the obligations of my position as registered agent as proper and complete paccept the obligations of my position as registered agent as proper and complete paccept the obligations of my position as registered agent as proper and complete paccept the obligations of my position as registered agent as proper and complete paccept the obligations of my position as registered agent as proper and complete paccept the obligations of my position as registered agent as proper and complete paccept the obligations of my position as registered agent as proper and complete paccept the obligations of my position as registered agent as proper and complete paccept the obligations of my position as registered agent as proper and complete paccept the obligations of my position as registered agent as proper agent agen	performance of my duties, and	I am familiar with and

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>	<u>Address</u>	Type of Action
7MBR	Morgan Kennedy	1(d100 US Hwy 351 5 #BD-3 Freeport, FL 30459	NAdd
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	he date must be specific I in this block does no	and cannot be prior of meet the application	to date of filing or mor able statutory filing	(optional) re than 90 days after filing requirements, this date	g.) Pursuant to 605.0207
	ed effective date, but	not an effective ti	me, at 12:01 a.m. or	the earlier of: (b) T	he 90th day after the
cord specifies a delay s filed.					
	13	<u>. 3223</u>			
s filed.	13 Dm 1	223 hm	orized representative o		

Filing Fee: \$25.00