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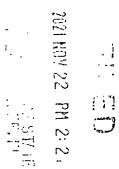
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A. BUTLER
DEC - 8 2021

## **COVER LETTER**

TO:

Registration Section **Division of Corporations** 

Tallahassee, FL 32314

	PICAL INVESTMENTS LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	GONZALO SANCHEZ				
		Name of Person			
	<del></del>	Firm/Company	<del></del>		
	10040 SW 199 STREET				
		Address			
	CUTLER BAY, FL 33157				
	SANCHEZGONZAŁO83@	City/State and Zip Code			
	· <del>-</del>	to be used for future annual report no	otification)		
For further information c	oncerning this matter, please c	all:			
GONZALO SANCHEZ		305 967-2956 at ()			
Name o	f Person	Area Code Dayt	ime Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres		Street Address:	lection		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NAG TROPICAL INVESTMENTS LLC.

(Name of the Limited Liability Company as it now appears of out (A Florida Limited Liability Company)

COLLE

The Articles of Organization for this Limited Liability Company	were filed on NOVEMBER 5.	2021 F. FL and assigned
Florida document number $\frac{1.21000480556}{}$ .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	nility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "LLO	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 agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	SS
		lorida
	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
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lan effecti <mark>Note:</mark> If t	ve date is listed, the the date inserted i	han the date of f date must be specifi n this block does t on the Department	c and cannot be pri not meet the appl	or to date of filing o licable statutory fi	more than 90 days at	otional) ler filing.) Pursuant to 6 his date will not be li	05,0207 isted as
record s d is tiled.		effective date, but	t not an effective	time, at 12:01 a.r	n, on the earlier of:	(b) The 90th day at	ier the
Dated NO	OVEMBER 17		2021		: A -		

Typed or printed name of signee