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2022 FEB -4 AMII: 43 SECRETARY OF STATE

COVER LETTER

	Registration So Division of Co			
SUBJEC		OPPINGSERVICES LLC		
SUBJEC	1;	Name of Lin	nited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please rett	am all correspo	ondence concerning this matter	to the following:	
		LAURA A NAIM DE SA.	AB	
		-	Name of Person	
			Firm/Company	
		8420 SW 133RD AVE RE), APT 101	
			Address	
		MIAMI, FL, 33183		
			City/State and Zip Code	
		NANASHOPPINGSERVIC		
For further	r information c	e-mail address: (to be used for future annual report not	ification)
LAURA N		S	7866135105	,
	Name o	f Person	at ()	ne Telephone Number
			·	,
Enclosed i	s a check for th	ne following amount:		
\$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)
_	Tailing Addres		Street Address:	
	legistration S		Registration Se	
	ivision of C .O. Box 632		Division of Cor 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

2022 FEB -4 AM 11:43

NANASHOPPINGSERVICES LLC

IGSERVICES LLC
SECRETARY OF SACTION (Name of the Limited Liability Company as it now appears on our records.) FALLAHASSEE, FILLE (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on $\frac{01/11/2022}{1}$ _____ and assigned Florida document number L22000023565 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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
AMBR	LAURA A NAIM DE SAAB	8420 sw 133rd ave rd, apt 101, Miami, FL, 33183	= Add
			□ Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
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Signature of a member or authorized representative of a member	