Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NAPEX FINANCIAL SERVICES LLC

Account Number : I20210000104 Phone : (561)305-6436 Fax Number : (561)880-9444

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SILVA AND GURR SERVICES LLC

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited I (A I	iability Compa Torida Limited I	ny avit now appears or liability Company)	i our records.) *		
The Articles of Organization for this Limited Liability Company were filed on 01/24/2022				and assigned	
Florida document number 1.22000041728	 '				
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liab	ility company here:			
The new name must be distinguishable and contain the words	"Limited Liabil	ity Company," the design	nation "LLC" or the abbre-	riation "L.L.C	α." ~>
Enter new principal offices address, if applicable	e:	587 DEEN RD		· .	12Z
(Principal office address MUST BE A STREET A	DDRESS)	UNIT B			<u> </u>
		BUNNELL, FL 321	10		7
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		587 DEEN RD		1 - 4 7 () - 4 ()	
		UNIT B		1 to	-
		BUNNELL, FL 321	10		ر
	stered office :	UNIT B BUNNELL, FL 321		u t	eg
Name of New Registered Agent:	GABRIELA PEREIRA DA SILVA				
New Registered Office Address: 5	87 DEEN RD				
	Enter Florida street address				
Į7	IUNNILL.		, Florida 32110		
•			,	Lip Code	

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 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

Title	Name	Address	Type of Action
MGR	GURR, DAVID MICHAEL	587 DEEN RD	OAdd
		UNITB	
		BUNNELL, FL 32410	
MGR	PEREIRA D. SH.VA, GABRIELA	587 DEEN RD	
		UNITB	
		BUNNELL, FL 32110	
			45 19 R
			[]Add
			☐ C'hange
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			□Remove
			LiChange
			CAdd
			□Remove
			(T), "

_____ GChange

Typed or printed name of signee