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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations		
are rece		AGEMENT SERVICES 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	ndence concerning this matter	to the following:	
		NEICHAMA COLON LO	ZANO	
			Name of Person	
		NCL MANAGEMENT SE	ERVICES LLC	
			Firm/Company	
		5112 NE 2ND WAY		
			Address	
		DEERFIELD BEACH, FL	. 33064	
			City/State and Zip Code	 -
		SHAKIRA@PRASHKOVS	SKY.COM to be used for future annual report no	718
For further in	iformation c	e-man address: (oneerning this matter, please c		ntrication)
NEICHAMA	COLON L		561 701-0562	
	Name of	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling 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)
	ling Address distration S		Street Address: Registration S	ection
Div	ision of C	orporations	Division of Co	orporations
). Box 632 lahassee, F		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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Liability Company as it now appears on our r Florida Limited Liability Company)	TALLAHASSEF, FI
oility Company were filed on 2/15/2022	_
ring:	
ne limited liability company here:	
ds "Limited Liability Company." the designation	"LLC" or the abbreviation "L.L.C."
le:	
ADDRESS)	
<u></u>	
istered office address on our records, <u>e</u> boro:	nter the name of the new register
mere.	
Finter Florida street a	uldross
City	_, Florida Zip Code
	Liability Company as it now appears on our r Florida Limited Liability Company) pility Company were filed on 2/15/2022 ring: the limited liability company here: ds "Limited Liability Company." the designation of the: ADDRESS) DN) istered office address on our records, ethere:

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
MGR	NEICHAMA COLON LOZANO	5112 NE 2ND WAY	≣Add
		DEERFIELD BEACH, FL 33064	
			□Change
MGR	SHAKIRA COLON	5112 NE 2ND WAY	□Add
		DEERFIELD BEACH FL 33064	=Remove
			Change
			□Remove
			Change
			🗔 Add
			□Remove
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Effective date, if other than the (fan effective date is listed, the date must	late of filing:	and an extended a set follows are	option (option)	nal) Ding A Puranout to 605 0207
Note: If the date inserted in this blo	ck does not meet the ar	phor to date or time or oplicable statutory file	ing requirements, this	date will not be listed as
document's effective date on the De				
e record specifies a delayed effective	date, but not an effecti	ve time, at 12:01 a.m	n, on the earlier of: (b)	The 90th day after the
rd is filed.				·
MARCH 1.5 Dated	2022			
	MARCO			
	K POIN			
	signature of a memoci ar	authorized representati	ve of a member	
NEICHAMA COLON L	17.3.3(1)			

Filing Fee: \$25.00