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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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NOMI HOLDING GI	ROUP 2 LLC		
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COVER LETTER

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Tallahassee, FL 32314

TO: Registration Se Division of Cor							
	LDING GROUP 2 LLC						
SUBJECT:	Name of Lin	ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filling.					
Please return all correspo	ondence concerning this matter	to the following:					
	Sebastian Jaramillo						
		Name of Person					
	Perlman, Bajandas, Yivoli	i & Albright, P.L.					
		Firm/Company					
	283 Catalonia Avenue Sui	ite 200					
		Address					
	Coral Gables, FL 33134						
		City/State and Zip Code					
	sjaramillo@pbyalaw.com						
		to be used for future annual report not	nication)				
ror further information c	concerning this matter, please o	ali:					
Sebastian Jaramillo		305 377-0086					
Name o	f Person	Area Code Daytin	ne Telephone Number				
Enclosed is a check for the	ne following amount:						
■ \$25.00 Filing Fee	S30.00 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 Addres		Street Address:					
Registration Section Division of Corporations		Registration Se Division of Co					
P.O. Box 632		The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOMI HOLDING GROUP 2 LLC		
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	ears on our records,) y)	
	03/07/2022 and assign	ned
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 03/07/2022 and assigned florida document number L22000094492 This amendment is submitted to amend the following: The new name must be distinguishable and contain the words "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." The new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) The new mailing address, if applicable: The new mailing address MAY BE A POST OFFICE BOX) The new registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered Agent: Name of New Registered Agent:		
This amendment is submitted to amend the following:		TALL ARY OF STATES Tame of the new registered
A. If amending name, enter the new name of the limited liability company	Itability company here: Liability Company," the designation "LLC" or the abbreviation "L.L.C." ART 20 ART 2	
The new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.	Z."
Enter new principal offices address, if applicable:	1022 TA	
(Principal office address MUST BE A STREET ADDRESS)	APR	4
	±2 2	1000
Enter new mailing address, if applicable:	X FM	
(Mailing address MAY BE A POST OFFICE BOX)	FA I	
	m va	
B. If amending the registered agent and/or registered office address on our	records enter the name of the new r	·enistere
agent and/or the new registered office address here:	records, enter the dame of the new r	CZISICIC
Name of New Registered Agent:		
New Projetand Office Address		
New Registered Office Address: Enter F	lorida street address	
	Florida	
City		
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 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

0.00

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JACOB NAE	1549 NE 123 Street	□Add
		North Miami, FL 33161	≣Remove
AMBR	MOSES NAE	1549 NE 123 Street	
		North Miami, FL 33161	≣ Remove
			2027 DPR SECRETA TALLAI
MGR	BRIGHTSTAR CAPITAL HOLCINGS LLC	250 NE 25 Street Suite 203	TAR 22Add
		Miami, FL 33137	SSEE S GRemaye
			☐ Ghange
		·	□Add
			□Remove
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fan effective d <u>Note:</u> If the	fate is listed, th date inserted	than the date of e date must be spe in this block do	cific and co	annot be prio et the appli	cable statute	ling or more ory filing re	han 90 days	ptiona after filir , this da	ig.) Pursu	ant to 60: ot be list	5.0207 ted as '
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Dated Apr	il 26		٠,	2022							
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		Signatu	reoff a.me	mber or auth	iorized repre	entative of a	member				
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Filing Fee: \$25.00