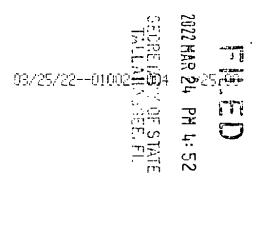
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration Secti Division of Corpo								
SUBJE	ест:	<u>LC</u>							
The en	closed Articles of Ar	mendment and f	ee(s) are submitt	ed for filing.					
Please	return all correspond	ence concernin	g this matter to the	he following					
		R	rsheed	O Kub	oye) o				
				Firm/Com	pany				
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	Name of P	erson		Area (Code Daytii	me Telephon	e Number		
Enclos	sed is a check for the	following amou	int:						
□ \$2	25.00 Filing Fee	☐ \$30.00 Filir Certificate	•	S55.00 Fi Certified (additional	_		60.00 Filing l Certificate of Certified Cop (additional copy	Status & y	
	Mailing Address:				Street Address:	.•			

Registration Section
Division of Corporations

TO:

P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Naija Inrestments LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(Control 2 de la control 2 de
The Articles of Organization for this Limited Liability Company were filed on Feb. 21, 2022 and assigned
Florida document number <u>L22000095023</u> .
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)
Printing address with DETITION OF THE DOTAL
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
Differ 1 formu sir cer address
, Florida
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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Rasheed Oknbygjo	3908 S Lake Terrace	BAdd
		Miramor FL 33023	Remove
			□Change
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<u>ote:</u>	e date, if other than the date of filing:	1207 (d as t
record Lis file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after to detail the detail of the specifies a delayed effective date.	the
ated .	March 24th 2002. 2022.	
	Signature of a member or authorized representative of a member	
	Rasheed Okuboyeja Typed or printed name of signee	

Filing Fee: \$25.00