1220000099012

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
☐ PICK-UP	MAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	Certificate	s of Status
Special Instructions to	Eiling Officer	
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Office Use Only



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S. CHATHAM

DINISTANT STATES

2022 1 15 74 8: 14

October 4, 2022

DAVID PRITCHETT 1398 SW 21ST LN BOCA RATON, FL 33486 US

SUBJECT: NYABENGA RENO LLC Ref. Number: L22000099012

We have received your document for NYABENGA RENO LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please ensure the person you are adding has a full last name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 022A00022115

Summer Chatham Regulatory Specialist II

www.sunbiz.org

District of Community D.O. DOV 6297 Melleleness, Physide 2021

COVER LETTER

TO:

TO: Registration Se Division of Cor			
	JA RENO LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	DAVID PRITCHETT		
		Name of Person	
		Firm/Company	
	1398 SW 21ST LN		
		Address	
	BOCA RATON, FL. 3348	Name of Limited Liability Company In different to the following: Address TON, FL 33486 City/State and Zip Code PLAK@SUNACCOUNTINGSERVICES.COM E-mail address: (to be used for future annual report notification) matter, please call: 1561	
		City/State and Zip Code	
	_		
For further information c	E-mail address: (oncerning this matter, please c	-	tification)
MARK POPLAK			
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration 9			Section
Division of C			
P.O. Box 632	.7	The Centre of	Tallahassee
Tallahassee, l	FL 32314	2415 N. Moni	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liabi</u> (A Florid	ility Company as it now appears on our records.) da Limited Liability Company)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Florida document number L22000099012	Company were filed on 02/24/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
	444	2 9
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" of	or the abbreviation LLC
Enter new principal offices address, if applicable:		25
Principal office address MUST BE A STREET ADD	ORESS)	<u>က် "</u>
		<u> </u>
		1:
Enter new mailing address, if applicable:))
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or register gent and/or the new registered office address here:		ne name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

NYABENGA RENO LLC

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>	Name	Address	Type of Action
AMBR	PATRICIA MICHELLE GEISKOPF	5922 SALK RD	■Add
		CARSON CITY, NV 89706	□Remove
			□Change
			□Add
			□Remove
			Changes:
			DAad
			□Rëmove □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□
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<u>e:</u> If the date inserted in this	he date of filing:nust be specific and cannot be prior to date block does not meet the applicable st Department of State's records.	(optional) e of filing or more than 90 days after filing.) Pursuantatutory filing requirements, this date will not	u to 605.02 be listed
cord specifies a delayed effec s filed.	tive date, but not an effective time, at	t 12:01 a.m., on the earlier of: (b) The 90th d	ay after th
JUNE 30	2022		
ed			
ed Mile 30	Signature of a member or authorized	representative of a member	

Filing Fee: \$25.00