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T. MATTHEWS MAY 2 0 2022

.. COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	NASSON MANA	AGEMENT S.V. LLC	
30 00 000	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		Name of Person	
		BizzyNinja Inc	
		Firm/Company	
		1312 17th St Unit #2207	
		Address	
		Denver, CO 80202	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	I	nasson5050@gmail.com	
	E-mail address: (to be used for future annual report not	ification)
For further information co	ncerning this matter, please ca	all:	
Joseph A Jean/ B	iz Filing	800 610-7322	
Name of	Person		ne Telephone Number
Enclosed is a check for the	: following amount:		
■ \$25,00 Filing 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)
Mailing Address: Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro	rporations

Tallahassee, FL 32303

DocuSign Envelope ID: 332CBD51-B7C7-4890-B5C4-4A6DA0F02E26

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

DESIGNATION FIGURE OF STATE ST

NASSON MANAGEMENT S.V. LLC

22 APR 18 PM 3= 32

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 03/28/2022 The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number _____ L22000150469 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 "LLC." 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) 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:

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.

City

Enter Florida street address

____, Florida ______ Zip Code DocuSign Envelope ID: 332CBD51-B7C7-4890-B5C4-4A6DA0F02E26 in amenting Authorized rerson(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
AMBR	Joseph A Jean	922 ARDMORE RD	
			□Remove
		WEST PALM BEACH, FL 33401	≡ Change
			□Remove
			□Change
			□Remove
			Change
			□Add
			□Remove
			□Change
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cord spec s filed.	ifies a delayed effective da	te, but not a	an effective ti	mc, at 12:01 a.	m, on the earlic	er of: (b) The 90	Oth day after the
cd	April 14th		2022	·			
				ocuSigned by: راسطاسه سساسساسی	77		
_	Sig	nature of a n	1 '		tive of a member	<u></u>	