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COVER LETTER

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TO: Registration Section Division of Corporations NEPTUNES HPADC, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: LOVETTE DOBSON Name of Person Firm/Company 17350 STATE HWY 249 STE 220 Address HOUSTON, TX 77064 City/State and Zip Code EFILE1234@INCFILE.COM F-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: 8884623453 LOVETTE DOBSON Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & \$25.00 Filing Fee ☐ \$30,00 Filing Fee & So0,00 Filing Fee, Certificate of States Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

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

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NEPTUNES I						
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on c ability Company)	our records.)				
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000161446</u>	were filed on $\frac{04/04/2}{}$	022	and assig	med		
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company here:					
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designa	tion "LLC" or the abbrev	iation "L.L	.C."		
Enter new principal offices address, if applicable:				26_		
(Principal office address MUST BE A STREET ADDRESS)] 99		
			=	<u> </u>		
) <u></u> 	27		
Enter new mailing address, if applicable:			"; ; ;	<u></u>		
(Mailing address MAY BE A POST OFFICE BOX)			2.5			
			: - '	5		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our record	is, enter the name of	the new	registered		
New Registered Office Address.	Enter Florida street address					
		, Florida				
New Registered Agent's Signature, if changing Registered Agent:	Cuy		ip Code			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my a provided for in Chapt	luties, and I am familier 605, F.S. Or, if th	liar with is docum	and rent is		

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:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u> <u>Name</u>		<u>Address</u>	Type of Action
MGR	CLAUDEMARY ALFREUS	431 NW 149TH ST	≘ Add
		MIAMI, FL 33168	□Remove
			Change
			□Add
			□Remove
			□Change
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			Add 2022 De Rentige 27 August 1997
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fective date, if other than the data in effective date is fisted, the date must be ote: If the date inserted in this block occurrent's effective date on the Department.	does not meet	the applical	date of filin ple statutory	g or more tha filling requ	(option 90 days after trements, this	nal) iling.) Pursuan date will not	1 to 605.020 be listed a
record specifies a delayed effective datise is filed.	ite, but not an o	rffective tim	e, at 12:01	a.m. on the	earlier of: (b)	The 90th da	iy after the
nted	. 20)21	_ •				

Filing Fee: \$25.00