L22000168501

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SECRETARY OF STATE
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TALL SHASSEF FI



COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations			
elbucar.	NINA AP I			. •	
SUBJECT:	Name of Limited 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:		
		ANDREINA PARRA			
			Name of Person		
		NINA AP LEC			
			Firm/Company	· 	
	4402 SW 160TH AVENUE SUITE 920				
Address					
		MIRAMAR, FL 33027			
			City/State and Zip Code		
		MDVMORENO.EASYTA.	XES@GMAIL.COM to be used for future annual report no	otification)	
For further in	nformation c	oncerning this matter, please c	·		
ANDREIN/	A PARRA		954 4831682		
Name of Person		f Person	at () Area Code Dayti	ime Telephone Number	
Enclosed is a	i check for th	ne following amount:			
■ \$25.00 I	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)	
Re	iling Addres	Section	Street Address: Registration S		
	vision of C). Box 632	orporations 7	Division of Co The Centre of	-	
Tal	llahassee, I	FL 32314	2415 N. Moni	roe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NINA AP LLC		
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.) y)
The Articles of Organization for this Limited Lands document number L22000168501	iability Company were filed on .	04/27/2022 and assigned
his amendment is submitted to amend the fol	lowing:	
. If amending name, enter the new name o	of the limited liability company	here:
he new name must be distinguishable and contain the	words "Limited Liability Company," th	ne designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	S 2023
		
nter new mailing address, if applicable:		615 1787 1787 1787
Mailing address MAY BE A POST OFFICE	BOX)	SET SE
s. If amending the registered agent and/or gent and/or the new registered office addre		r records, <u>enter the name of the new regis</u>
Name of New Registered Agent:	POINTAX INC	
New Registered Office Address:	1695 NW 110TH AVE SUITE	
		Florida street address
	SWEETWATER	, Florida 33172

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

POINTAX

If Changing Registered Agent, Signature of New/Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ANDREINA PARRA	4402 SW 160 AVE APT 920 MIRAMAR. FL 33027	= Add
			□Remove
			□Change
MGR	ANDRES PARRA	4402 SW 160 AVE APT 920 MIRAMAR, FL 33027	
			≣ Remove
			□ Change
			□Add
			□Remove
		 	□Change
			□Add
			□Remove
			🗆 Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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If an effecti <u>Note:</u> If	e date, if other than the dat ive date is listed, the date must be the date inserted in this block t's effective date on the Depar	specific and cannot be prio does not meet the applic	r to date of filing or cable statutory fil	(opti more than 90 days afte ling requirements, thi	i onal) r filing.) Pursuant to 605. is date will not be liste	0207 (d as t
e record s rd is filed	specifies a delayed effective da l.	te, but not an effective t	ime, at 12:01 a.n	a. on the earlier of: (t	o) The 90th day after	the
Dated	AUGUST 10	2023	·			
		ANDREST	'ARRA =	#		
	Sigr	nature of a member or auth	orized representati	ve of a member		
		AΝ	DRES PARRA			
			ed name of signee			

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