L22000195810

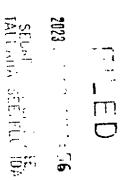
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COVER LETTER

TO:

Registration Section

Division of Co	orporations				
Nhutella l	I.C				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	House T				
	Hunter T.			_	
		Name of Person			
	ZenBusiness INC				
		Firm/Company		-	
	336 E. College Ave Suite	301			
		Address		-	
	Tallahassee, Fl. 32301			181 35 2023))
	fulfillment@zenbusiness.co	City/State and Zip Code			
		to be used for future annual report notif	ications		
For further information	concerning this matter, please of	-	icuno,		
Hunter T. c/o ZenBusi	ness INC	844 493-6249		• • •	. (
	of Person	at ()	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)	Certified	ite of Status &	
Mailing Addre Registration		<u>Street Address:</u> Registration Sec	tion		
-	Corporations	Division of Corp			
P.O. Box 63		The Centre of T			
Tallahassee.	FL 32314	2415 N. Monroe	Street, Suite 8	310	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nhutella LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L22000195810}{L22000195810}$.	were filed on 04-25-2022	and assigned
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 Liabi	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		F. 22
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		F. : 0
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:		name of the new register
	Enter Florida street address	
	, Florida	Zin Code
	City	ZID COHP

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
AMBR	Michelle Jovellanos	200 Reston Lane	□Add
		Gilberts, H. 60136	□Remove
			■Change
			□Add
			□Remove
			□Change
		<u>-</u>	□Add
			A SE ERemove
			□Change □Add □Remove
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ective date, if other than the effective date is listed, the date in e: If the date inserted in this lument's effective date on the	ust be specific and cannot block does not meet the	applicable statutory t	(option more than 90 days after thing requirements, this	filing.) Pursua	int to 605.02 t be listed a
cord specifies a delayed effecti s filed.	ive date, but not an effe	ective time, at 12:01 a.	m. on the earlier of: (b)	The 90th	day after th
January 16 ed	. 202.	3		SE an IAL canà	2023
				ユ	

Filing Fee: \$25.00

Typed or printed name of signee