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T. MATTHEWS JUL 19 2022

COVER LETTER

Registration Section TO: **Division of Corporations** NONA INVESTOR & MARKETING 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: LUIS A. PINTO Name of Person NONA INVESTOR & MARKETING LLC Firm/Company 11919 FIORE DRIVE Address ORLANDO FLORIDA 32827 City/State and Zip Code ARIASFRANCY89@YAHOO,COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: FRANCY ARIAS Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$30.00 Filing Fee & □ \$60.00 Filing Fee, ☐ \$25.00 Filing Fee ☐ \$55.00 Filing Fee & Certificate of Status 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 CHARGE OF STATE OF STATE

NONA INVESTOR & MARKETING LLC

22 MAY 20 PM 3: 27

The Articles of Organization for this Limited Liability Company were filed on 04/25/2022 and assigned

Florida document number 1.22000196692

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 the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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

Name of New Registered Agent:

New Registered Office Address:

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.

Circ

Enter Florida street address

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
MGR	OMAIRA D. ACEVEDO	11919 FIORE DRIVE ORLANDO FL	= Add
		32827	□Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□ Change

an effecti <u>ote:</u> If (date, if other than the date of filing:
record s is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	MCN 18 2012.
	· /
	Luis Pinto

Typed or printed name of signce