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## **COVER LETTER**

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
MIRANDI SUBJECT:	NHA STORE, LLC		
SOBJECT:	Name of Lin	nited Liability Company	
The analogad Activities of	Amendment and Godes on the	ude Armen.	
	Amendment and fee(s) are sub-		
r rease recum an correspo	ondence concerning this matter	to the following:	
	Paulo Factor		
	-	Name of Person	
	Safety Tax & Bookkeeping	}	
		Firm/Company	<del></del>
	4307 Vineland Rd, Suite H	7	
		Address	
	Orlando, Fl 32811		
	<del></del>	City/State and Zip Code	<del></del>
	factor@safetytax.com	to be used for future annual report noti	d
For further information of	concerning this matter, please or	•	neation)
Paulo Factor	., ., ., .,	407 888 4747	
Name o	of Person	at () Area Code Daytin	e Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	D \$30.00 Filing Fee & Certificate of Status	D \$55.00 Filing Fee & Certified Copy (Additional copy is enclosed)	D \$60.00 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
<u>Mailing Addre</u>		Street Address:	
Registration S Division of C		Registration Sec Division of Corp	
Division Of C	or promitions	DIAPPORT OF COIL	2019(10)(12

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIRANDINIIA STORE, LLC			
(Name of the Lim	(A Florida Limited	any us it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Li Florida document number L22000215611			and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	f the limited liab	ility company here:	
-1-			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		4307 Vincland Rd, Suite H7	
		Orlando, Florida, 32811	
			22
Enter new mailing address, if applicable:		4307 Vineland Rd, Suite H7	SEP -6
(Mailing address MAY BE A POST OFFICE BOX)		Orlando, Florida, 32811	
B. If amending the registered agent and/or ragent and/or the new registered office address		iddress on our records, <u>enter the</u>	name of the new redistered
Name of New Registered Agent:	Network For Pro LLC		
New Registered Office Address:	4307 Vincland		
		Enter Florida street address	
	Orlando	, Flor	
		City	Zip Code

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 Spinture 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 = N $AMBR = N$	lanager authorized Member		
Title	Name	Address	Type of Action
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			□Remove
			☐ Change
	<del></del>		
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(Ifans effective date is listed, the date m	ust be specific and cannot be prior to date of filing or more than 90 d lock does not meet the applicable statutory filing requiremen	(optional) lays after filing.) Pursuant to 605.0207 (3) nts, this date will not be listed as the
he record specifies a delayed effecti ord is filed.	ve date, but not an effective time, at 12:01 a.m. on the earlie	ar of: (b) The 90th day after the
July 28th, Dated	2022	
Dated	2022	

. . .

Filing Fee: \$25.00