L22000245373

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COVER LETTER

Division of Co			
NEW WO	ORLD ANGELS INVESTORS	XXXV (NUCORE), LLC	
SUBJECT:	Name of Lir	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sui	bmitted for filing.	
Please return all corresp	oondence concerning this matter	r to the following:	
	JESSICA MILEY		
		Name of Person	
	NEW WORLD ANGELS		
		Firm/Company	
	1900 GLADES ROAD SU	JITE 500-07	
		Address	
	BOCA RATON, FL 3343	1	
		City/State and Zip Code	
·	JESSICA@NEWWORLDA	ANGELS.COM to be used for future annual report notif	ication)
For further information of	concerning this matter, please c		,
JESSICA MILEY		617 504-1864	
Name o	of Person		Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Fiting Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	Street Address: Registration Sec	
Division of C	orporations	Division of Corp	orations

P.O. Box 6327

Tallahassee, FL 32314

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

NEW WORLD ANGELS INVESTORS XXXV		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our recordimited Liability Company)	ds.) # [2]
The Articles of Organization for this Limited Liability Cor Florida document number <u>L22000245373</u>	mpany were filed on MAY 26, 2022	and assigned
This amendment is submitted to amend the following:		."
A. If amending name, enter the new name of the limite	ed liability company here:	
NEW WORLD ANGELS INVESTORS XXXV (PRANA), LI	LC .	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records, <u>ente</u>	r the name of the new registered
New Registered Office Address:	Enter Florida street addre	PSS
	, F	lorida
	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 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
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
 			
			□ Remove
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fective date, if other than the date of filing the effective date is listed, the date must be specific and the lift the date inserted in this block does not be cument's effective date on the Department of lift.	meet the applicable	late of filing or more than 6 e statutory filing require	(optional) 00 days after filing ements, this date) Pursuant to 605.0 will not be listed)207 1 a s
ecord specifies a delayed effective date, but no s filed.	t an effective time.	, at 12:01 a.m. on the ea	arlier of: (b) Th	e 90th day after t	the
AUGUST 10	2022				
AUGUST 10 Jenica					
Signature of a	member or authorize	ed representative of a men	nber		