## L22000267324

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

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Tallahassee, FL 32314

TO: Registration Division of C			
SUBJECT:	NASSAR	HOLDINGS nited Liability Company	
	Name of Lim	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	AIFR	EDO NASSAT	2 .
		SSAY HOLDIV	
		etmond AUE  Address	
	Lehigh	Acres FL City/State and Zip Code	33972.
	4.50-	City/State and Zip Code	/
	E-mail address: (i	1840 @ 10lovd to be used for future annual report not	ilication)
For further information	concerning this matter, please co		
Alfro	6 NASSAV	at ( <u>305</u> ) <u>900</u> Area Code Daytin	0870.
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
\$\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		<u>Street Address:</u> Registration Se	ction
Division of	Corporations	Division of Cor	porations
P.O. Box 63	21	The Centre of 1	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NASSAR	HOLDINGS LLC
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000267324</u>	y were filed on $Ob/13/2022$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liable and some name must be distinguishable and contain the words "Limited Liab	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	6451 SW 1644 Terz West Miami FL 33155
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	West Miami FL. 33155
areast and/on the many registered office address because	address on our records, enter the name of the new registered
New Registered Office Address: 64  West	451 SW 16th Ters = 1  Enter Florida street address  Miami Florida 33155

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, 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
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			□Remove
			□Change
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			Remove
			☐Change
			ClAdd
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t`an effe <u>Note:</u>	we date, if other than the date of filing:
d is 64	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _	10/06/2023 12:00 AM.
	1//85/
	Signature of a member of a member of a member of a Massac.  Typed or printed name of signee