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TALLAHASSEE, FI GAIS.

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	Rios Jev Name of Lin	NELRY LLC ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub	omitted for filing.	
Please return all correspor	dence concerning this matter	to the following:	
	SP	Name of Person	2022 AUG SECNETI TÄLLAH?
	4941 (	Firm/Company WEST SAMPLE RD #	2022 AUS -4 PK 4: 02 VALLAHASSLEIFLORIDA O O
	<u>Coconut</u> C	FEK, FL 33078 City/State and Zip Code  HOTMAIL. COM to be used for future annual report notific	•
	E-mail address: (	to be used for future annual report notific	ation)
For further information co	ncerning this matter, please ca	all:	
ANA R Name of	OD RIGUEZ Person	at ( <u>305</u> ) <u>3\6-</u> Area Code Daytime	4780 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)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	NELRY LLC	
( <u>Name of the Limited Liahilit</u> (A Florida	y Company as it now appears on Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Co. Florida document number L 22 000 29 080		o/28/2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		2022 AUS -4 MA
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida si	reet address
	Ciţy	, Florida 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, 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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